to=301 V 32 Ch=080nivA=FULL_ENFORCEMENT&univB=LQG&LIBS=&proc_group=0&procname=&program_search=2&report=1&page_no=1&output_sql_switch=TRUE&database_type=RCRAINFO

Envirofacts

Search Results



Data Disclaimer

Only RCRAInfo facility information was searched to select facilities

Handler ID: Containing: ilr000177592

Results are based on data extracted on MAY-13-2015

Note: Click on the CORPORATE LINK value for links to that company's environmental web pages.

Click on the MAPPING INFO value to obtain mapping information for the facility.

The facility information data within the output below can be downloaded in a comma-seperated value file for use in Excel by clicking here:

Go To Bottom Of The Page

HANDLER NAME: CHICAGO, CITY OF 2FMHANDLER ID:

ILR000177592

STREET:

947 W CULLERTON FACILITY INFORMATION: View Facility Information

CITY:

CHICAGO

CORPORATE LINK:

No

STATE:

COUNTY:

COOK

ZIP CODE:

60604

MAPPING INFO:

MAP

EPA REGION:

LATITUDE

41.85529 LONGITUDE -87.64984

CONTACT INFORMATION

NAME	STREET	CITY	STATE	ZIP CODE	PHONE	TYPE OF CONTACT
DAVE GRAHAM	30 N LASALLE STE 300	CHICAGO	IL	60602	3127443639	Public
STEVEN FARYAN	77 W JACKSON BLVD	CHICAGO	IL	60604	3123539351	Permit
DAVE GRAHAM	30 N LASALLE STE 300	CHICAGO	IL	60602	3127443639	Permit

LIST OF NAICS CODES AND DESCRIPTIONS

NAICS CODE	NAICS DESCRIPTION
11111	SOYBEAN FARMING

Go To Top Of The Page

Total Number of Facilities Retrieved: 1

Last updated on 6/3/2016

RCRAInfo Links

RCRAInfo Search User Guide

and Recovery Home Report an Error

Office of Resource Conservation

 Overview Search Model <u>Law</u>

Contact Us



 GENERATOR (Generate 	or completes I	а-г)	9 45 10 5 41 5				
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	nent Number		c. Page	1 of 1	
d. Generator's Name and Location:			e. Generator's Mailin	a Address:	1,		
USEPA Region 5			USEPA Region 5	J			
947 West Cullerton St			77 West Jackson Blv				
Chicago IL 60608 f. Phone:312-353-9351			Chicago, Illinois 6060				
If owner of the generating facility differs fr	om the generator	provido:	g. Phone:3#2 353-93	351			
is owner or the generating facility diners it	om the generator	, provide.	新				
h. Owner's Name:			i. Owner's Phone No				
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and		ntainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
47181312520	2/1/14	non hazardou	is, treated soil		.,,,,,		17000
	1			001	DT	18	Yards
			i de la companya de				
			<u> </u>				
			1.4 75				
						ļ	
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous	waste as define	d by 40 Ci	FR 261 or any	applicable
state law, has been properly described, c	lassmed and pack	aged, and is in prop	er condition for transpo	rtation according	g to applic	able regulation	is; AND, if this
waste is a treatment residue of a previous	sly restricted haza	rdous waste subject	to the Land Disposal F	Restrictions. Lo	ertify and v	varrant that the	waste has
been treated in accordance with the requi	rements of 40 CF	K 200 and is no iong	er a nazardous waste	as defined by 4	0 CFR 261		
MI. STEVE Faryan		- X01,000		Wanted and the same of the sam	al	1-12	
p. Generator Authorized Agent Name (Pri	int)	Signature		»	r. Date	12013	
II. TRANSPORTER (Gene			coorter completes	tlo o)	i. Bate		
a. Transporter's Name and Address:	rator complete	es na-b and Trai					
Z Force Transportation, Inc.				nericum Bulli 453/	Services		
700 E. Joe Orr Road			* / *	1152	13		
Chicago Heights, IL 60411			# ·	4201	1 /		
1,							
b. Phone: 630 243-8860			模				
Victor L Trimuel	× 2/.	ho 12_	<u>*</u>	Cis	5/2013	>	
c. Driver Name (Print)	d. Sign				3,,, 7	<u> </u>	
		 	· • • • • • • • • • • • • • • • • • • •	e. Date			
	tor complete it		775	- 0/			
a. Disposal Facility and Site Address:		c. US EPA Num	1 - 43 - 1 - 1 - 1 - 2	Indication Space	e:	110	1
Newton County Landfill 2266 E. 500 South		56-05	NA 1			101	
Brook, IN 47922						112	
b. Phone: 219.394.7222 or 7221		and the same of th	1000 1000 1000 1000 1000 1000 1000 100			, w.	
I herby certify that the above named mate	rial has been acc	epted and to the bes	of my knowledge the	foregoing is true	and accu	rate.	
			Ti.	_	V17	1,2	Name and Address of the Control of t
A Diamage of A and a second as a second as		$\overline{}$			0/	11 2	
e. Name of Authorized Agent (Print)	f, Sign		<u> </u>	g. Date	,	7	
IV. ASBESTOS (Generator	completes IVa	of and Operator	complete (Vg-i)				
a. Operator's Name and Address:			c. Responsible Agenc	v Name and Ad	dress:		
Not Applicable			Not Applicable				
			Ä.				
h Dhonor							
b. Phone: e. Special Handling Instructions and Additional Handling Instructions and Instruction Handling Instruct	tional Information		d. Phone:				
c. Opecial Flanding Instructions and Addit	นษาสา เกเบกกลุม0ก		<u> </u>				
			# @-:				
f. Friable Non-Friable Both	% F	riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	gnment are fully and a	ccurately descr	ibed above	e by proper ship	oping name
and are classified, packed, marked and la	ibeled and are in a	all respects in proper	condition for transport	by highway acc	ording to	applicable inter	national and
national governmental regulations.							
a Operatoria Name and Title (5): 0		-4	<u> </u>				
g. Operator's Name and Title (Print)	h. Sign	ature	ndoor the feeting to	i. Date			
*Operator refers to the company which ov renovation operation or both	viis, leases, opera	nes, controls, or supe	ervises the facility being	g demolished o	r renovated	d, or the demol	ition or
TOTAL OPERAGON OF BOTH							



y:50

a. Generator's US EPA ID Number	ator comple		Manifest Docum		:		c. Page		
ILR 000 177 592			· ·	NH - 3	<u> </u>	roee.	<u> </u>	1	
d. Generator's Name and Location: USEPA Region 5				USEPA Region		ress.			
947 West Cullerton St				77 West Jack		5J			
Chicago IL 60608				Chicago, Illing g. Phone:312					
f. Phone:312-353-9351 If owner of the generating facility differs	from the gen	erator ord	wide.	g. Phone:312	353-9351	<u> </u>			
R owner of the generating facinity direct	s nom ale gen	cratot, pre			d				
h. Owner's Name:				i. Owner's Ph					
j. Waste Profile #	k. Exp. D	ate		oing Name and			ntainers	n. Total	o. Unit Wt/Vol
47404040500	2/1/14		Description	s, treated soil		No.	Туре	Quantity	VVEVOI
47181312520	2/1/14		HOII Hazaruou	s, treated soil		001	DT	18	Yards
				3					
				- E			ļ		
				12 A A A A A A A A A A A A A A A A A A A	•		1		
				Ţ.					
				110					
			1	10 j			1		
				'n	<u>.</u> 2 .				ļ
GENERATOR'S CERTIFICATION: 1 h	nereby certify t	hat the ab	ove named mate	rial is not a haz	ardous waste	as define	ed by 40 C	FR 261 or any	applicable
state law, has been properly described	i, classified an	id package	ed, and is in prope	er condition for	transportatio	n accordir	ng to applic	cable regulation	ns, AND, if this
waste is a treatment residue of a previ- been treated in accordance with the re	ously restricte	d hazardo	us waste subject	to the Land Dis	sposal Restric	tions. I d	ertity and i	warrant that the	e waste has
		40 CFK 2	soo and is no rong	er a nazarubu	a wasic as uc	inieu by -	.1	ì	
Mi. STEVE Faryan		'	Love	- Ces			8/5	12013	
p. Generator Authorized Agent Name	(Print)		Signature				r Date	/	
II. TRANSPORTER (Ge	enerator coi	mpletes	IIa-b and Tran	nsporter con	pletes IIc-	e)			
a. Transporter's Name and Address:				1	r r			£.	
Z Force Transportation, Inc.				1		7	ruckt Fred	172	
700 E. Joe Orr Road Chicago Heights, IL 60411					¥ -	1	Fres	10	
Officago Ficigina, IE 0041									
_b. Phone: 630 243-8860					\$ -	T			
OME MINI	19 1	1000	2000		1	9/0	1201	3	
c. Driver Name (Print)	42 4	d Signati		GO.	}	e. Date			
	arotor com	d. Oignac	o and Docting	tion Site of	mplotoe III				
·	erator comp	лете ша	c. US EPA Nun				20.		
a. Disposal Facility and Site Address: Newton County Landfill			56-05	NA NA	repancy Indic	anoii Sha	ve.		
2266 E. 500 South			00 00		1/		X		
Brook, IN 47922					/ 5	[] [)		
b. Phone: 219.394.7222 or 7221 I herby certify that the above named n	actorial bac be	on accen	ted and to the her	et of my knowle	ritre the forec	nina is tri	ie end acc	urate	
Therby certify that the above harried in	iaciiai iias be	en accep	eca and to the bes	St Of High Refform	dge the foreg	Unity to the	<u> </u>	3-/	Z
						(<u></u>		
e. Name of Authorized Agent (Print)		f. Signatı				g. Date			
IV. ASBESTOS (Genera	itor comple	tes IVa-l	and Operator						
a. Operator's Name and Address:				c. Responsib	le Agency Na	me and A	ddress:		
Not Applicable				Not Applicabl	e				
					17 18 15				
b. Phone:				d. Phone:					
e. Special Handling Instructions and A	Additional Info	rmation:							
					19 14.				
f. Friable Non-Friable	Both	% Fria	ble	% Non-Friab	le .				
OPERATOR'S CERTIFICATION: I he	reby declare t	that the co	ntents of this con	signment are fu	ally and accur	ately des	cribed abo	ve by proper si	nipping name
and are classified, packed, marked ar	nd labeled and	d are in all	respects in prope	r condition for	transport by h	ighway a	ccording to	applicable into	ernational and
national governmental regulations.	1				# /	T			
g. Operator's Name and Title (Print)		h. Signat	ure		48	i. Date			
*Operator refers to the company whice	h owns, lease	s, operate	es, controls, or su	pervises the fac	cility being de		or renovat	ed, or the dem	olition or
renovation operation or both	•				¥				



If waste is asbestos waste, complete Sections I, II and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

. GENERATOR (Generato	r completes la-r)				·		
a. Generator's US EPA ID Number	b.	Manifest Docum	ent Number NH - 33		c. Page	1 of 1	
ILR 000 177 592			e. Generator's Mailing	Addross:		•	
d. Generator's Name and Location:			USEPA Region 5	g Address.			
JSEPA Region 5			77 West Jackson Blv	d SE-5J			
947 West Cullerton St Chicago IL 60608			Chicago, Illinois 6060	4			
Phone:312-353-9351			g. Phone:312 353-93				
f owner of the generating facility differs from	om the generator, pro	vide:	1				
owner of the generating terms	•		O No				
n. Owner's Name:	I. E. B.	L Mineta Chin	i. Owner's Phone No ping Name and		ntainers	n, Total	o, Unit
. Waste Profile #	k. Exp. Date	Description	ping maine and	No.	Туре	Quantity	Wt∕Vol
17101010500	2/1/14		s, treated soil		7		
47181312520	211/14		1	001	DT	18	Yards
					<u> </u>		
						i	į
		 					
			· ·				
					<u> </u>	<u> </u>	
GENERATOR'S CERTIFICATION: I her	eby certify that the ab	ove named mate	erial is not a hazardous	waste as defir	ed by 40 C	FR 261 or any	applicable
	Jacobiad and backage	A SHALE IN DIOL	iar condition tar fransis	III AUGUU	III IU GDDIN	Janie Iedunarior	10, / 11 110, 11 1110
state law, has been properly described, on waste is a treatment residue of a previou	sly restricted hazardo	us waste subjec	t to the Land Disposal i	as defined by	40 CFR 26	wanani mai ma 1	. Waste nas
peen treated in accordance with the requ	irements of 40 CFR 2	tos and is no ion	ger a nazargous waste	as defined by	1		
Mr. STEVE Faryan		- Xe1 90	RECO	··	8/5	12013	.0
o. Generator Authorized Agent Name (Pi	rint) a S	ignature		<u> </u>	r. Date	/	
	orator completes	lla-h and Tra	nsporter complete	s IIc-e)			
II. TRANSPORTER (General Transporter's Name and Address:	crator completee	na b ana	<u> </u>				
a. Transporter's Name and Address. Z Force Transportation, Inc.				MTC C0	MAY	_	
700 E. Joe Orr Road			*	<(•
Chicago Heights, IL 60411				<i>)</i>	•		\$
- '							
b. Phone: 620 243-8860		-(H)	100		1 00	21-1-2	
losgon Woode	. X	Mar		3	12 X	/5//>	
c. Driver Name (Print)	d. Signati	ure /		e. Dat		l	
			ation Site complet	es IIId-a)			
	ator complete ma	c. US EPA Nu		(Indication Sn	ace.		
a. Disposal Facility and Site Address:		56-05	NA NA	/ Indication op	0		
Newton County Landfill		30-03	''''		/)\ / -		
2266 E. 500 South Brook, IN 47922			\	100			
6. Dhann 240 204 7222 or 7221							
I herby certify that the above named ma	terial has been accep	ted and to the be	est of my knowledge the	e foregoing is t	rue and acc	curate.	
		•		> 5	5-5	~/~ 5	
				g. Dat		1 -	
e. Name of Authorized Agent (Print)	f. Signatu			l y, Dai			
IV. ASBESTOS (Generato	or completes IVa-	r and Operato	or complete IVg-I)		A 1.1		
a. Operator's Name and Address:			c. Responsible Ager	ncy Name and	Address:		
Not Applicable			Not Applicable				
			<u>\$</u> :				
N. Disassa			d. Phone:				
b. Phone:e. Special Handling Instructions and Ad	ditional Information		1 3.1.112.12.		***		
е, ореска панивну інзвисвона али до	andonal Internations.		#1				
			8				
f. Friable Non-Friable Bo	oth % Fria	able	% Non-Friable				hinning
THE PROPERTY OF THE PARTY OF TH	eby declare that the co	ontents of this co	nsignment are fully and	accurately de	scribed abo	ove by proper s	mpping name ternational arc
and are classified, packed, marked and	labeled and are in all	I respects in prop	per condition for transp	οπ by nighway	according t	o applicable in	cenauonai and
national governmental regulations.							
0 1 1 1 1 7 7 7 7	h. Signa	itura		i. Dat	e		
g. Operator's Name and Title (Print) *Operator refers to the company which	n. oigna	es controls or s	upervises the facility be	ing demolishe	d or renova	ted, or the den	nolition or
. Toperator refers to the company which	Stelle, icasce, operati	,, 0	3	-			



I. GENERATOR (Generato			<u> </u>				
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	nent Number NH - 38		c. Page	1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailin USEPA Region 5 77 West Jackson Blv Chicago, Illinois 6060 g. Phone:312 353-93	rd SE-5J 04			
If owner of the generating facility differs fro	m the generator, p	provide:					
h. Owner's Name:		The state of the	i. Owner's Phone No			T = T-4-1	- []=it
j. Waste Profile #	k. Exp. Date	Description	ping Name and	Mo.	ntainers Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14		ıs, treated soil		1	1	
				001	TD	18	Yards
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the requirements.	assified and packa ly restricted hazard	ged, and is in prop lous waste subject	er condition for transpo to the Land Disposal F	ortation accordi Restrictions. 1	ng to applic certify and	cable regulation warrant that the	is; AND, if this
MI STORE FOR					al	/2013	
p. Generator Authorized Agent Name (Pri	nt) (2	Signature	= 9	<u> </u>	r. Date	12015	
II. TRANSPORTER (Gene			nsporter completes	slic-e)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411				1	vek t	12	
b. Phone: 630 243-8860	w-			8/	5/20	7	
c. Driver Name (Print)	d/Signa	ature Du		e. Date	3/ 20	<u> </u>	·, · ··· · ·
III. DESTINATION (General			ation Site complete	es IIId-a)			
a. Disposal Facility and Site Address:	ior complete in	c. US EPA Nur	1179		ice:		
Newton County Landfill		56-05	NA	18	- Comment	>	
2266 E. 500 South Brook, IN 47922				-1/2	ı フ.		
b. Phone: 219.394.7222 or 7221			17 k 10 k 10 k 10 k				
I herby certify that the above named mate	rial has been acce	pted and to the be	st of my knowledge the	foregoing is tr	ue and acc	urate.	
		Carrie Carrie			55)
e. Name of Authorized Agent (Print)	f. Signa			g. Date	<u> </u>		
IV. ASBESTOS (Generator	completes IVa	-f and Óperato	127 7				
a. Operator's Name and Address: Not Applicable			c. Responsible Agen Not Applicable	cy Name and A	Address:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addi	tional Information:						
f. Friable Non-Friable Bott	n % Fr	iable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packed, marked and la national governmental regulations.	y declare that the object of the declare that the declare that the declare in a	contents of this cor ill respects in prope	signment are fully and er condition for transpo	accurately des	cribed abo ccording to	ve by proper sh applicable inte	ipping name ernational and
			#				
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date			
*Operator refers to the company which over repoyation operation or both	wns, leases, opera	tes, controls, or su	pervises the facility bei	ng demolished	or renovat	ed, or the demo	olition or



I. GENERATOR (Generate	or completes la-	-r)					
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	ent Number 39		c. Page	1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608			e. Generator's Mailin USEPA Region 5 77 West Jackson Bly Chicago, Illinois 606 g. Phone:312 353-93	/d SE-5J 04			
f. Phone:312-353-9351 If owner of the generating facility differs for	om the generator, p	orovide:					
h, Owner's Name:			i. Owner's Phone No			T	
j. Waste Profile #	k. Exp. Date		ping Name and		ntainers	n. Total	o. Unit Wt/Vol
	0/4/4/4	Description	is, treated soil	No.	Туре	Quantity	770 701
47181312520	2/1/14	Hott Hazaluot	is, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: I her state law, has been properly described, waste is a treatment residue of a previou been treated in accordance with the requ	classified and packa isly restricted bazare	iged, and is in prop dous waste subiect	er condition for transp to the Land Disposal	ortation accordi Restrictions. I d	ng to appir ertify and	warrant that the	IS, AND, ILLIES
1.1.		The state of the s	7		ala	12013	
p. Generator Authorized Agent Name (P	rint) a	.Signature			r. Date	12012	
			nsporter complète	s lic-e)	1		
II. TRANSPORTER (Gen a. Transporter's Name and Address:	erator complete	S na-b and ma	naporter outspiete	4 110 0)			
Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		$\mathcal{O}_{\varepsilon}$		Æ	56		
b. Phone: 630 243-8860		- []] -		21.	-1 .	<u></u>	
c. Driver Name (Print)	d. Sign	ature		e. Date	>/201		
III. DESTINATION (Gener		}	ation Site complet	tes IIId-g)	•		
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Nur 56-05		y Indication Spa	ice:		
I herby certify that the above named ma	terial has been acco	epted and to the be	st of my knowledge th	e foregoing is tr	ue and acc	urate.	
			The state of the s	$>$ \mid \times	5-6	5	
No. of Authorized Agent (Brint)	f. Signa	211F9	and the same of th	g. Date	<u></u>		
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generate			r complete (Va-i)	1 3 40.	-		
	of Completes ive	a-i and Operate	c. Responsible Age	ncy Name and A	Address:		
a. Operator's Name and Address: Not Applicable			Not Applicable	ney Hame and			
b. Phone: e. Special Handling Instructions and Ac	ditional Information	:	d. Phone:				
f Friable Non-Friable B	oth % F	riable	% Non-Friable				
f. Friable Non-Friable B. OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and national governmental regulations.	by declare that the	contents of this co-	nsignment are fully and	d accurately des ort by highway a	cribed abo according t	ove by proper s o applicable int	hipping name ernational and
national governmental regulations.			11 & 11 % - 11 % - 11 %				
0 (1 1 1 1 1 7 2 7 2 7	L 0:-	nature	(A) .	i. Date			
g. Operator's Name and Title (Print) *Operator refers to the company which	h. Sigr	nature ates, controls, or st	pervises the facility be	eing demolished	or renova	ted, or the dem	olition or
renovation operation or both		,		-			



I. GENERATOR (General	or completes i	la-r)	•				
a. Generator's US EPA ID Number ILR 000 177 592	·	b. Manifest Docum	nent Number NH - 40		c. Page		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St			e. Generator's Mailing USEPA Region 5			1	
Chicago IL 60608			77 West Jackson Blvc Chicago, Illinois 6060	4			
f. Phone:312-353-9351 If owner of the generating facility differs for	rom the generator	, provide:	g: Phone:312 353-935	51			
h. Owner's Name;			i. Owner's Phone No.:			•	
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and		ntainers	n. Total	o. Unit
47181312520	2/1/14	Description		No.	Туре	Quantity	Wt/Vol
77101312320	2/1/14	non nazardol	s, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requi	slv restricted haza	ageu, and is in prope rdous waste subject	er condition for transport to the Land Disposal Pa	tation accordin	g to applic	able regulation	
Mr. STEVE Farian	× .	Direc	Tau .	o delined by 4	0/2	12013	
p. Generator Authorized Agent Name (Pri		Signature			r. Date	12015	·
TRANSPORTER (General Transporter's Name and Address:	erator complete	es IIa-b and Tran	sporter completes	lic-e)			
Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			4	·	62	3/6	
b. Phone: 630 243-8860		· 1 1					
C. Driver Name (Print)		last	3)_		8/5/2	013	
	d. Sign			e. Date			
III. DESTINATION (General a. Disposal Facility and Site Address:	tor complete it						
Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA Num 56-05	d. Discrepancy In NA	idication Space	a: १व्ह		
b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate	rial has been acce	ented and to the hest	of muck monday to the	////	1.4		784-bi
		Spring and to the bear	THY KILOWICUGE THE TU	regoing is true	and accu	rate.	
e. Name of Authorized Agent (Print)	f. Signa	Nuro.			>	<u>/ </u>	
IV. ASBESTOS (Generator			complete IVa i)	g. Date			
a. Operator's Name and Address:			c. Responsible Agency	Name and Add	drace:		
Not Applicable			Not Applicable	name and Adi	21e33.		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addit	ional Information:						
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packed, marked and lal national governmental regulations.	declare that the decled and are in a	contents of this consi Il respects in proper	gnment are fully and accountition for transport by	curately descri y highway acc	bed above ording to a	by proper ship applicable interr	ping name national and
					·		
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa	ature	nion the feetile	i. Date			
	ina, idases, uperar	es, continis, or supe	rvises the facility being (gemolished or	renovated	l. or the demolit	ion or



GENERATOR (Gen	erator completes la-	r) b. Manifest Docum	ent Number		c. Page		
. Generator's US EPA ID Number ILR 000 177 59			NH - 3 (1	
I. Generator's Name and Location: JSEPA Region 5 947 West Cullerton St Chicago IL 60608 . Phone:312-353-9351		venido-	e. Generator's Maili USEPA Region 5 77 West Jackson B Chicago, Illinois 600 g. Phone:312 353-9	lvd SE-5J 504			
f owner of the generating facility dif	fers from the generator, p	provide:					
h, Owner's Name:			i. Owner's Phone N		ontainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	J. Waste Ship Description	ping Name and	No.	Type	Quantity	Wt/Vol
47181312520	2/1/14		s, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: state law, has been properly descr waste is a treatment residue of a p been treated in accordance with th	ibed, classified and packa	aged, and is in prop	to the Land Disposa	Restrictions.	certify and	warrant that the	ns; AND, if this waste has
	1	S .			9/2	1/2013	
M. STeve Faryc p. Generator Authorized Agent Na	me (Print)	. Signature			r. Date		
il. TRANSPORTER	(Generator complete	s IIa-b and Tra	nsporter complet	es\(Ic-e)			
a. Transporter's Name and Addres			47 45 46				
Z Force Transportation, Inc.				993/69			
700 E. Joe Orr Road Chicago Heights, IL 60411				•			
•			/	:			
b. Phone: 630 243-8860		101/					
DIO KOZAK		DO TO	<u> </u>	e. Da	ta		
c. Driver Name (Print)	d. Sigr		otion Site comple		ile		
	enerator complete li	c. US EPA Nu	mber d Discrepan	cy Indication S	pace:		3
Disposal Facility and Site Address Newton County Landfill 2266 E. 500 South	ess:	56-05	NA NA	loy molecules o		(4,3)	
Brook, IN 47922				and the same of th		i	•
b. Phone: 219.394.7222 or 7221 I herby certify that the above nam	ed material has been acc	epted and to the D	est of my knowledge	the foregoing is	true and ac	curate.	
I nerby certify triat the above riam	CG Material May 500				X1 \	11/5	`)
	nt) f. Sigr	voture		g. Da	\	transition of the second	J
e. Name of Authorized Agent (Pri	nerator completes IV	a-f and Operato	or complete Ma-i				
IV. ASBESTOS (Ger a. Operator's Name and Address		u , u.i.u - po	c. Responsible Ag	ency Name and	d Address:		
Not Applicable	•		Not Applicable				
h Phone:			d. Phone:				
b. Phone: e. Special Handling Instructions a	and Additional Information	1:					
f. Friable Non-Friable	☐ Both %	Friable	% Non-Friable				
OPERATOR'S CERTIFICATION and are classified, packed, mark	: I hereby declare that the ed and labeled and are in	and the of this or	onsignment are fully a per condition for trans	and accurately of sport by highwa	lescribed ab y according	ove by proper s to applicable in	shipping name ternational and
national governmental regulation	is.						
				i. Da	ate.		
g. Operator's Name and Title (Pr *Operator refers to the company	rint) h. Sig	gnature rates, controls, or s	upervises the facility	being demolish	ed or renov	ated, or the den	nolition or
renovation operation or both							



I. GENERATOR (Generat	or completes	s la-r)	<u> </u>				
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	NH - 43		c. Page	1 of1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone: 312-353-9351			e. Generator's Mai USEPA Region 5 77 West Jackson I Chicago, Illinois 60 g. Phone:312 353-	Blvd SE-5J 0604			
If owner of the generating facility differs to	from the generat	or, provide:	8				
h. Owner's Name:			i. Owner's Phone I			n Total	o. Unit
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m, Con No.	Type	n. Total Quantity	Wt/Vol
47181312520	2/1/14	non hazardou	s, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste is a treatment residue of a previo been treated in accordance with the requirements.	classified and p	ackaged, and is in prop azardous waste subiect	er condition for trans to the Land Dispos	sportation according	ertify and	warrant that the	waste has
Jame Brown		326			8	5/2013	
 Generator Authorized Agent Name (F 	Print)	q. Signature			r. Date	•	
II. TRANSPORTER (Ger	nerator comp	letes IIa-b and Tra	nsporter comple	tes IIc-e)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411					40/sī	73	
b. Phone: 630 243-8860 KNOWE Garret	-	Aune	Lane	8	15/20	13	
c. Driver Name (Print)		Orgnature	<u> </u>	e. Date			
III. DESTINATION (Gene	rator complet	te IIIa-c and Destin	ation Site compl	letes IIId-g)			
Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South		c. US EPA Nur 56-05		ncy Indication Spa	ce:	125	A construction of the cons
Brook, IN 47922 b. Phone: 219.394.7222 or 7221		- Appendix			1.20		/
I herby certify that the above named ma	aterial has been	accepted and to the be	st of my knowledge	the foregoing is tru	ne aud ac	curate.	73/
		And the second of the second o	to make the second seco				<i>[2</i>
e. Name of Authorized Agent (Print)		Signature	r complete Va	g. Date			
IV. ASBESTOS (Generat	or completes	Iva-rand Operato	c Responsible Ar	gency Name and A	ddress:		
a. Operator's Name and Address: Not Applicable			Not Applicable	goney reactio and A	2. 500		
b. Phone: e. Special Handling Instructions and A	dditional Informa	ation:	d. Phone:				
f. Friable Non-Friable E OPERATOR'S CERTIFICATION: I her and are classified, packed, marked annational governmental regulations.	Both eby declare that d labeled and ar	% Friable the contents of this core in all respects in prop	% Non-Friable nsignment are fully a er condition for trans	and accurately des sport by highway a	cribed abo	ove by proper s o applicable int	hipping name ernational and
панона доченинента гединатого.							
		Signature		i. Date			
g. Operator's Name and Title (Print) *Operator refers to the company which	h.	Signature operates controls or su	pervises the facility	being demolished	or renova	ted, or the dem	olition or
renovation operation or both	, umila, idaaca, (:				



I. GENERATOR (Generato	or completes la-	r)	41 - 45				
a. Generator's US EPA ID Number		b. Manifest Docun			c. Page		
ILR 000 177 592			NH-42			1	
d. Generator's Name and Location:			e. Generator's Ma				
USEPA Region 5			USEPA Region 5				
947 West Cullerton St			77 West Jackson Chicago, Illinois 6				
Chicago IL 60608			g. Phone:312 353				
f. Phone:312-353-9351 If owner of the generating facility differs from	om the generator, p	rovide:	9.1 (10110.012.000	, 0001			
If Owner of the generaling leading different	2 2 gamara, p		1 No. 1				
h. Owner's Name:			i. Owner's Phone			1	51-21
j. Waste Profile #	k. Exp. Date		ping Name and	ļ	Containers	n. Total	o. Unit
4/4/		Description		No.	o. Type	Quantity	Wt/Vol
47181312520	2/1/14	non hazardo	us, treated soil	. 001	DT	18	Yards
			<u> </u>	001	וטו	10	Taids
			## 1 ## 1	1			
				-			
			<u> </u>	-	1		
			獎				
			# 61				
			ĝ.			İ]
	135 11 11 11		# - aial ia maka ban≌ada	aug urgata ag d	lofinad by 40.0	TED 261 or any	annlicable
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c	eby certify that the a	above named mate	enai is not a nazaiut	ous wasie as o isnortation acc	ording to anni	icable regulation	ns: AND, if this
waste is a treatment residue of a previous	lassilled and packa	geu, anu is in prop foue waste subjec	t to the Land Dispos	al Restrictions	. I certify and	warrant that the	e waste has
been treated in accordance with the requ	irements of 40 CFF	268 and is no lon	der a hazardous wa	ste as defined	by 40 CFR 26	§1.	
been treated in accordance with the requ	1	1			0		
. Jaime Brown		0	<u> </u>	****·	ව	5/2013	
p. Generator Authorized Agent Name (Pr	int) q.	Signature	<u> </u>		r. Date	· · · · · · · · · · · · · · · · · · ·	
II. TRANSPORTER (Gene	erator complete	s IIa-b and Tra	nsporter comple	etes IIc-e)			
a. Transporter's Name and Address:			AB	107			
Z Force Transportation, Inc.			HO	100			
700 E. Joe Orr Road			TRA	13			
Chicago Heights, IL 60411							
b. Phone: 630 243-8860	1		<u>%</u>		1.7	_	
Victor & Taimuel	-41/wh	alt		5	3/5/201	3	
c. Driver Name (Print)	d. Sign:			e. [ate		
			ation Site comp	letes IIId-a)			
, , , , , , , , , , , , , , , , , , , ,	itor complete in			ncy Indication	Cnass:	/	A1109
a. Disposal Facility and Site Address:		c. US EPA Nu 56-05	NA Discrepa	incy indication	Space.	7///	<
Newton County Landfill 2266 E. 500 South		36-03	1147		and the state of t	414	nt na page
Brook, IN 47922		Contract in the last of the last	The state of the s		C	, , ,	
h Phone: 219 394 7222 or 7221		The same of the sa		and the second of the second o			
I herby certify that the above named mat	erial has been acce	pted and to the be	est of my knowledge	the foregoing	is true and ac	curate.	
			The same of the sa		5/0	7/, <	
			The state of the s		O/_) (
e. Name of Authorized Agent (Print)	f. Signa			V	Date		
IV. ASBESTOS (Generato	r completes IVa	i-f and Operato	r complete IVg-	j)			
a. Operator's Name and Address:		,	c. Responsible A	gency Name a	nd Address:		
Not Applicable			Not Applicable	:			
			1 8				
			d Dham	ž.			
b. Phone:	1(4) 1 1 - £ 1 · ·		d. Phone:				
e. Special Handling Instructions and Add	iitionai information:		<u></u>				
f. Friable Non-Friable Bo	th %F	riable	% Non-Friable				
ODEDATOR'S CERTIFICATION: I herel	y declare that the	contents of this co	nsignment are fully a	and accurately	described abo	ove by proper s	hipping name
and are classified, packed, marked and	labeled and are in a	all respects in prop	er condition for trans	sport by highw	ay according t	o applicable int	emational and
national governmental regulations.			<u> </u>				
		-8	35, 59 30,		Date		
g. Operator's Name and Title (Print) *Operator refers to the company which of	h. Sign	ature	manuage the facilities		Date bed or renova	ted or the dem	olition or
*Operator refers to the company which or renovation operation or both	wns, leases, opera	nes, controls, of St	spervises the racility	penig demons	med or remova	.ca, or are defin	
r removation operation of DOM			7.6				



 GENERATOR (Generate 	or combieres ia-i	·)				4 . 6	
a. Generator's US EPA ID Number	t	o. Manifest Docum	ent Number NH - H I		c. Page	1 of 1	
ILR 000 177 592			e. Generators Mailin	a Address:	<u> </u>		
d. Generator's Name and Location:			USEPA Region 5	ig Address.			
JSEPA Region 5			77 West Jackson Blv	rd SE-5J			
947 West Cullerton St			Chicago, Illinois 606				
Chicago IL 60608 f. Phone:312-353-9351			g. Phone:312 353-93				
f owner of the generating facility differs fr	rom the generator, pr	rovide:	# .				
1 Owner of the generating lability dinore in	Official golivitation, p.		變				
h. Owner's Name:			i. Owner's Phone No				
j. Waste Profile #	k. Exp. Date		ping Name and		ntainers	n. Total	o. Unit
,		Description	<u> </u>	No.	Туре	Quantity	Wt∕√ol
47181312520	2/1/14	non hazardot	us, treated soil			1	
			1.	001	DT	18	Yards
			<u> </u>				
			Ż.				
						İ	
	 						
			**************************************				ļ
			# E				
			# 1				
GENERATOR'S CERTIFICATION: I her	reby certify that the a	above named mate	erial is not a hazardous	waste as defin	ed by 40 C	FR 261 or any	applicable
atata law has been properly described (classified and nackar	ged, and is in prop	er condition for transp	ortation accord	ing to appii	cable regulation	15, AND, II SIN
uneto is a treatment residue of a previou	isly restricted bazard	lous waste subject	t to the Land Disposal	Restrictions. I	сеппу апо	wanam macme	waste has
been treated in accordance with the requ	uirements of 40 CFR	268 and is no lon	ger a nazardous waste	as defined by	40 CFR 26	1.	
1 - 0	1	<u> </u>				1, 3	
Jame Brown	-) 			8/5	2013	
p. Generator Authorized Agent Name (P	rint) q.	Signature	¥.		r. Date	1	
II. TRANSPORTER (Gen	erator completes	s IIa-b and Tra	nsporter complete	s IIc-e)			
a. Transporter's Name and Address:	Orator completes					1	
Z Force Transportation, Inc.					172	1-3	
700 E. Joe Orr Road			94. 24.		100		
Chicago Heights, IL 60411					• ,		
Chlouge Holgha, 12 of 11							
b. Phone: 630 243-8860		N.	<u> </u>				
	•		VZ 1.1 1	8	15100	12	
Janes Sow		James	1-701/1	e. Date	ININO	1	
c. Driver Name (Print)	d. Signa		J		,		
III DECTINATION / C	ator complete III:	a-c and Destin	ation Site complet	roe IIId-ra)			
III. DESTINATION (General	ator complete in			.co iliu g/			
	ator complete in	c. US EPA Nur		y Indication Spa	ace:	100	S. Comment
a. Disposal Facility and Site Address:	ator complete in				ace:	100	
	ator complete m	c. US EPA Nur	mber d. Discrepanc		ace:	199	Service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servic
a. Disposal Facility and Site Address: Newton County Landfill	ator complete in	c. US EPA Nur	mber d. Discrepanc		ace:	100	5
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA Nur 56-05	mber d. Discrepanc NA	y Indication Spa		100	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA Nur 56-05	mber d. Discrepanc NA	y Indication Spa		100	5
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA Nur 56-05	mber d. Discrepanc NA	y Indication Spa		199	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	terial has been acce	c. US EPA Nur 56-05 pted and to the be	mber d. Discrepanc NA	y Indication Spa	rue and ad	199 curate 15	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	iterial has been acce	c. US EPA Nur 56-05 pted and to the be	mber d. Discrepanc NA est of my knowledge th	y Indication Spa	rue and ad	curate: 15	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	iterial has been acce	c. US EPA Nur 56-05 pted and to the be	mber d. Discrepanc NA set of my knowledge the complete 1Vg-i)	y Indication Spa e foregoing is t g. Date	rue and ad	curate: 15	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	iterial has been acce	c. US EPA Nur 56-05 pted and to the be	est of my knowledge the complete 1//g-i) c. Responsible Ager	y Indication Spa e foregoing is t g. Date	rue and ad	curate 15	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	iterial has been acce	c. US EPA Nur 56-05 pted and to the be	mber d. Discrepanc NA set of my knowledge the complete 1Vg-i)	y Indication Spa e foregoing is t g. Date	rue and ad	curate: 15	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address:	iterial has been acce	c. US EPA Nur 56-05 pted and to the be	est of my knowledge the complete 1//g-i) c. Responsible Ager	y Indication Spa e foregoing is t g. Date	rue and ad	curate: 15	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable	iterial has been acce	c. US EPA Nur 56-05 pted and to the be	est of my knowledge the complete 1Vg-i) c. Responsible Ager Not Applicable	y Indication Spa e foregoing is t g. Date	rue and ad	curate: 1	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone:	terial has been acce f. Signa or completes IVa	c. US EPA Nur 56-05 epted and to the be sture i-f and Operato	est of my knowledge the complete 1//g-i) c. Responsible Ager	y Indication Spa e foregoing is t g. Date	rue and ad	curate in 5	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable	terial has been acce f. Signa or completes IVa	c. US EPA Nur 56-05 epted and to the be sture i-f and Operato	est of my knowledge the complete 1Vg-i) c. Responsible Ager Not Applicable	y Indication Spa e foregoing is t g. Date	rue and ad	Q Q curate 1 5	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone:	terial has been acce f. Signa or completes IVa	c. US EPA Nur 56-05 epted and to the be sture i-f and Operato	est of my knowledge the complete 1Vg-i) c. Responsible Ager Not Applicable	y Indication Spa e foregoing is t g. Date	rue and ad	ourate 1 5	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address	terial has been acce f. Signa or completes IVa Iditional Information:	c. US EPA Nur 56-05 pted and to the be sture I-f and Operato	est of my knowledge the complete Vg-i) c. Responsible Ager Not Applicable d. Phone:	y Indication Spa e foregoing is t g. Date	rue and ad	curate 1	3
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address:	f. Signa or completes IVa	c. US EPA Nur 56-05 spted and to the besture -f and Operato	est of my knowledge the complete Tvg-i) c. Responsible Ager Not Applicable d. Phone:	y Indication Spa	Address:	> 1/5	Dipping name
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: In the principle Instructions and Address: Address: Address: B. Phone:	f. Signa or completes IVa	c. US EPA Nur 56-05 spted and to the besture -f and Operator	est of my knowledge the complete (Vg-i) c. Responsible Ager Not Applicable d. Phone:	y Indication Spa	Address:	ove by proper sl	nipping name
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Ad f. ☐ Friable ☐ Non-Friable ☐ Bo OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	f. Signa or completes IVa	c. US EPA Nur 56-05 spted and to the besture -f and Operator	est of my knowledge the complete (Vg-i) c. Responsible Ager Not Applicable d. Phone:	y Indication Spa	Address:	ove by proper sl	nipping name
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: In the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property o	f. Signa or completes IVa	c. US EPA Nur 56-05 spted and to the besture -f and Operator	est of my knowledge the complete (Vg-i) c. Responsible Ager Not Applicable d. Phone:	y Indication Spa	Address:	ove by proper sl	nipping name
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Ad f. ☐ Friable ☐ Non-Friable ☐ Bo OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	f. Signa or completes IVa	c. US EPA Nur 56-05 spted and to the besture -f and Operator	est of my knowledge the complete (Vg-i) c. Responsible Ager Not Applicable d. Phone:	y Indication Spa	Address:	ove by proper sl	nipping name
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Ad f. ☐ Friable ☐ Non-Friable ☐ Bo OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	f. Signa or completes IVa-	c. US EPA Nur 56-05 speed and to the besture in-f and Operator riable contents of this contents of this contents in prop	est of my knowledge the complete Vg-i) c. Responsible Ager Not Applicable d. Phone: % Non-Friable insignment are fully and er condition for transport	g. Date g. Warner and a g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Date g. Dat	Address:	ove by proper sto applicable into	smallonar and



 GENERATOR (Generato 	r completes la							
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of								
d. Generator's Name and Location: Vesuvius USA - Chicago Heights Plant 333 State St Chicago Heights, IL 60411 f. Phone:217 377 3425			e. Generator's Mailing Address: Vesuvius USA 333 State St Chicago Heights, IL 60411 g. Phone:					
If owner of the generating facility differs from	om the generator,	provide:						
h. Owner's Name:		· · · · · · · · · · · · · · · · · · ·	i. Owner's Phone No.:				7	
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	M. Co	ntainers Type	n. Total Quantity	o. Unit Wt/Vol	
47181216446	10/26/2015	Refractory Ma	anufacture Waste	1	СМ	15	Y	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and packa ly restricted hazar	aged, and is in prop rdous waste subject	er condition for transport to the Land Disposal Re	ation accordi strictions. I	ng to appli certify and	cable regulations warrant that the	s; AND, if this	
Deals word	12		La		8-	5-13		
p. Generator Authorized Agent Name (Prin		. Signature			r. Date			
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator complete	es IIa-b and Irai	nsporter completes	lic-e)				
Republic Services/Skyline 66 E 24 th St Chicago Heights, IL 60411 b. Phone: 708 754 5460			Q\		8-5	-13		
c. Driver Name (Print)	d. Sign			e. Date				
III. DESTINATION (Generate	tor complete II					7		
a. Disposal Facility and Site Address: Newton County Landfill 2266 E 500 S Brook, IN 47922 b. Phone: 219 394 2808		c. US EPA Nun 56-05	nber d. Discrepancy Ir	ndication Spa	ace;	1780		
I herby certify that the above named mate	rial has been acco	epted and to the be	st of my knowledge the fo	oregoing is tr	ue and acc	curate.		
					8)(/)		
e. Name of Authorized Agent (Print)	f. Sign		a nomentate IV (m. iV	g. Date)			
IV. ASBESTOS (Generator	completes IVa	a-r and Operator	c. Responsible Agency	Name and A	ddrose:		V	
a. Operator's Name and Address:			IEPA	maine and A	iduless.			
b. Phone:	tianal lafamastian		d. Phone:					
e. Special Handling Instructions and Addit	uonai information:	2						
f. Friable Non-Friable Both) % F	riable	% Non-Friable			2		
OPERATOR'S CERTIFICATION: I hereby and are classified, packed, marked and la national governmental regulations.	declare that the	contents of this con	signment are fully and ac	ccurately des by highway a	cribed abo	ve by proper shi o applicable inter	pping name national and	
g. Operator's Name and Title (Print) *Operator refers to the company which over renovation operation or both	h. Sigr vns, leases, opera	nature ates, controls, or su	pervises the facility being	i. Date demolished		ed, or the demol	ition or	



. GENERATOR (Generate	r completes la-r)			c. Page	1 of]
a. Generator's US EPA ID Number	b	. Manifest Docum			c. rage	, 01	
d. Generator's Name and Location: Vesuvius USA - Chicago Heights Plant 333 State St Chicago Heights, IL 60411 f. Phone:217 377 3425			e. Generator's Mailing Ad Vesuvius USA 333 State St Chicago Heights, IL 6041 g. Phone:			(080)	
If owner of the generating facility differs from	om the generator, pr	ovide:					
h. Owner's Name:	k. Exp. Date	I Maeta Shin	i. Owner's Phone No.: ping Name and	l m. Co	ntainers	n, Total	o. Unit
j. Waste Profile #	K. EXP. Date	Description	ping 7tamo at 19	No.	Туре	Quantity	Wt/Vol
47181216446	10/26/2015	Refractory M	anufacture Waste	1	CM	15	Y
GENERATOR'S CERTIFICATION: I her state law, has been properly described, of waste is a treatment residue of a previou been treated in accordance with the requ	tassified and packag	jed, and is in prop ous waste subjec	to the Land Disposal Res	trictions.	certify and 40 CFR 26	warrant that the	
Dealer Ward)(\)			े ड	513	
n Congretor Authorized Agent Name (P	rint) [1q.	Signature	3.1.4		r. Date		
II. TRANSPORTER (Gen	erator completes	lla-b and Ira	nsporter completes it	C-e)			
a. Transporter's Name and Address: Republic Services/Skyline 66 E 24 th St Chicago Heights, IL 60411 b. Phone: 708 754 5460							
c. Driver Name (Print)	d. Signa	ture		e. Date	8-5 e	- 13	
III. DESTINATION (General			ation Site completes	IIId-g)		-	7
a. Disposal Facility and Site Address: Newton County Landfill	3101 0011151010 1111	c. US EPA Nu 56-05	mber d. Discrepancy Inc	dication Sp	ace:	178	
2266 E 500 S Brook, IN 47922					,		
b. Phone: 219 394 2808 I herby certify that the above named ma	torial has been acco	nted and to the to	st of my knowledge the fo	regoina is t	rue and ac	curate.	
I herby certify that the above named ma	terrai nas been acce	pred and to the Dr			\overline{X}	$\overline{\backslash / \backslash}$	
				g. Dat	<u> </u>		
e. Name of Authorized Agent (Print)	f. Signa			1 9. Dat			
IV. ASBESTOS (Generato	or completes IVa	-r and Operati	c. Responsible Agency	Nama and	Address:		
a. Operator's Name and Address:			IEPA	Name and	Address.		
l Dhane			d. Phone:				
b. Phone: e. Special Handling Instructions and Ad	ditional Information:						
f. Friable Non-Friable Be	oth % Fi	riable	% Non-Friable		.,	b	linning name
f. Friable Non-Friable Be OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and national governmental regulations.		contents of this co ill respects in proj	nsignment are fully and ac per condition for transport b	curately de by highway	according	to applicable int	ernational and
g. Operator's Name and Title (Print)	h. Sign	ature		i. Dat	te		olition or
g. Operator's Name and Title (Print) *Operator refers to the company which renovation operation or both	owns, leases, opera	tes, controls, or s	upervises the facility being	demolishe	d or renova	ated, or the dem	oiition of
removation operation of botti							



 GENERATOR (Generate 	ir completes i	ia-r)					
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	ent Number NH -서닉		c. Page	1 of1	
d. Generator's Name and Location:			e. Generator's Mailin	g Address:			
USEPA Region 5			USEPA Region 5				
947 West Cullerton St			77 West Jackson Blv				
Chicago IL 60608			Chicago, Illinois 6060				
f. Phone:312-353-9351			g. Phone:312 353-93	101			
If owner of the generating facility differs from	om the generator	r, provide:					
h, Owner's Name:			i. Owner's Phone No				
j. Waste Profile #	k. Exp. Date	,	ping Name and		tainers	n. Total	o. Unit
,		Description		No.	Туре	Quantity	Wt/Vol
47181312520	2/1/14	non hazardou	ıs, treated soil	001	DT	18	Yards
				001	וטו	10	1819
			14 48 48				
			Ŵ.				
			A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA				
			B : 1				
							[
GENERATOR'S CERTIFICATION: I her	eby certify that the	ne above named mate	rial is not a hazardous	waste as define	ed by 40 C	FR 261 or any	applicable
state tour han been properly described of	lacsified and nad	ckaded and is in prop	er condition for transpo	опацоп ассонии	ig to appir	cable regulation	15, 7110, 11 1115
lunctorie a treatment residue of a previou	sty restricted haz	zardous waste subject	to the Land Disposal I	Restrictions. To	enny and	wanani macine	waste nas
been treated in accordance with the requ	irements of 40 C	FR 268 and is no ion	ger a nazardous waste	as defined by	0 01 11 20	,	
Laure Branch			^		8/5	113	
p. Generator Authorized Agent Name (Pr	int)	g. Signature			r. Date		
(0	arator comple		nsporter complete	s IIc-e)			
II. TRANSPORTER (Gen	stator comple	CO Ha D and Tra	noportor ourapioto	· · · · · · · · ·			
a. Transporter's Name and Address: Z Force Transportation, Inc.						T/K #17	2_
700 E. Joe Orr Road			V 数		.20	TCK	
Chicago Heights, IL 60411						•	
			<u> </u>				
b. Phone: 630 243-8860	2			8/	10		
AN VILLE SUCTOINE	< W)	ald a	u M	0/	6/20	13	
c. Driver Name (Print)		gnature		e. Dáte			
III. DESTINATION (Genera	ator complete	Illa-c and Destin	ation Site complet	es IIId-g)			
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy	/ Indication Spa	ce:		
Newton County Landfill		56-05	NA .		19 1		
2266 E. 500 South				1// 5	///		
Brook, IN 47922				171	AD		
b. Phone: 219.394.7222 or 7221 I herby certify that the above named market	- i-l boo boos o	econted and to the he	et of my knowledge the	foregoing is tru	ie and acc	urate.	
I nerby certify that the above named mar	enamas been a	coepied and to the be	SCOTTIN BUILDING			1/25	
					(
e. Name of Authorized Agent (Print)	f. Si	gnature	C-E-	g. Date			
IV. ASBESTOS (Generato			r complete IVa-i)				
a. Operator's Name and Address:	p		c. Responsible Agen	cy Name and A	ddress:		
Not Applicable			Not Applicable	-			
Ttot / ippnous/s			42				
			J. Disease				
b. Phone:	(21) 1 I . E		d. Phone:				
e. Special Handling Instructions and Ad	utional informati	on:					
			*				
f. Friable Non-Friable Bo	th %	6 Friable	% Non-Friable				
ODERATOR'S CERTIFICATION: I have	by declare that t	be contents of this cou	nsignment are fully and	l accurately des	cribed abo	ove by proper s	hipping name
and are classified, packed, marked and	labeled and are	in all respects in prop	er condition for transpo	ort by highway a	ccording t	o applicable int	ernational and
national governmental regulations.			<u> </u>	T			
g. Operator's Name and Title (Print)	h S	Signature	<u>英</u>	i. Date			
*Operator refers to the company which	owns, leases, on	perates, controls, or su	pervises the facility be	ing demolished	or renova	ted, or the dem	olition or
renovation operation or both	,		4. ************************************				



I. GENERATOR (Generato	r completes la						,,,,,,,,
a. Generator's US EPA ID Number		b. Manifest Docum	ent Number NH - 47		c. Page	1 of 1	
ILR 000 177 592		1.5		A	<u></u>		
d. Generator's Name and Location:			e. Generator's Mailing USEPA Region 5	Address:			
USEPA Region 5 947 West Cullerton St			77 West Jackson Blvd	SE-5J			
Chicago IL 60608			Chicago, Illinois 60604				
f. Phone:312-353-9351		1	g. Phone:312 353-935	1			
If owner of the generating facility differs from	om the generator,	, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
i. Waste Profile #	k. Exp. Date	I Waste Ship	ping Name and		ntainers	n. Total	o. Unit
J		Description		No.	Type	Quantity	Wt/Voi
47181312520	2/1/14	non hazardou	s, treated soil	001	DT	18	Yards
				001	יטי	10	laius
İ		: 20					
GENERATOR'S CERTIFICATION: I here	hu sodific that the	o obovo nomod mate	rial je not a hazardous v	vaste as defin	ed by 40 C	FR 261 or any	applicable
state law has been properly described of	lassified and nacl	kaged and is in prop	er condition for transpor	tation accordi	ng to appli	cable regulation	IS, AND, 9 this
waste is a treatment residue of a previous	sly restricted haza	ardous waste subject	to the Land Disposal R	estrictions. 10	еппу апо	warrant mat me	waste has
been treated in accordance with the requ	irements of 40 CF	FR 268 and is no long	ger a hazardous waste a	as defined by	10 CFR 26	1.	
Mr Jaime Brown		>> ^	7		9	3/6/2013	ጓ
p. Generator Authorized Agent Name (Pr	int)	q. Signature			r. Date	10/101	
	erator complet		asporter completes	lic-e)			
II. TRANSPORTER (General Address:	viator complet	CO HO P GIN HO	portor completes		. 1		
Z Force Transportation, Inc.				10	1ck#1	10/503	
700 E. Joe Orr Road		- 40 - 10		F % .	-	" lav J	
Chicago Heights, IL 60411			MT.				
b. Phone: 630 243-8860			7 /				
	1	1/mm	7	0	$T_{i}T_{i'}$	حر	
Tyrone (garret	7 424	VOIU X			16/1		
Driver Name (Print)		nature		e. Date			
III. DESTINATION (General	ator complete		ation Site complete	s IIIa-g)			
a. Disposal Facility and Site Address:		c. US EPA Nur		Indication Spa	ice:	(00	
Newton County Landfill		56-05	NA		()	$I \prec A$	_
2266 E. 500 South					-	ا سک ۱	3
Brook, IN 47922 b. Phone: 219.394.7222 or 7221			* Interest of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the				
I herby certify that the above named mat	erial has been ac	cepted and to the be	st of my knowledge the	foregoing is tr	ue and acc	curate.)
		· W		1		10- (2	•
No. of Authorized Arout (Print)	f cia	nature	/	g. Date	,0	<u> </u>	
e. Name of Authorized Agent (Print)			r permilete IVa-i)	1 3 4.6			
IV. ASBESTOS (Generato	completes i	va-i anu Operato	c. Responsible Agend	v Name and V	Address:		
a. Operator's Name and Address:			Not Applicable	y manically	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Not Applicable		1 M - 38					
		- 🕌					
b. Phone:			d. Phone:				
e. Special Handling Instructions and Ad	ditional Informatio	on:					
f. Friable Non-Friable Bo	sth %	Friable	% Non-Friable				
TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	L	a contanta of this co	osignment are fully and	accurately des	scribed abo	ove by proper s	hipping name
and are classified, packed, marked and	labeled and are i	n all respects in prop	er condition for transpor	t by highway a	according (o applicable int	ernational and
national governmental regulations.							
		* 20					
g. Operator's Name and Title (Print)	h. S	ignature		i. Date)		
g. Operator's Name and Title (Print) *Operator refers to the company which	owns, leases, ope	erates, controls, or si	pervises the facility bei	ng demolished	l or renova	ted, or the dem	iolition or
renovation operation or both		<u> </u>					



I. GENERATOR (Generate	or completes						
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest D	nifest Document Number NH - 48 c. Page 1 of 1 e. Generator's Mailing Address:				
d. Generator's Name and Location: USEPA Region 5		: (A)	USEPA Region 5				
947 West Cullerton St		- 15	77 West Jackson Bl	vd SE-5J			
Chicago IL 60608		: 6	Chicago, Illinois 606	604			
f. Phone:312-353-9351		(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	g. Phone:312 353-9	351			
If owner of the generating facility differs fr	om the generato	r, provide					
h. Owner's Name:	1 . E . D.t.	1 153.04	i. Owner's Phone N		ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	Descrip	Shipping Name and	No.	Type	Quantity	Wŧ∕Vol
47181312520	2/1/14		ardous, treated soil	710.	.,,,,		
4/101312320	2/1/14	1.01.1102	andotto, troatou con	001	DT	18	Yards
							1
		2011 2011 2011 2011				-	
		1 1					1 1
		- W					[
					ad by 40 C	PED 261 or any	applicable
GENERATOR'S CERTIFICATION: I her state law, has been properly described, of waste is a treatment residue of a previou	classified and pa sly restricted ha	ckaged, and is ir zardous waste si	i proper condition for transpubliect to the Land Disposal	ontation according Restrictions. I	ng to appli certify and	cable regulation warrant that the	IS; AND, IT IRIS
been treated in accordance with the requ	irements of 40 C	CFR 268 and is n	o longer a hazardous wast	e as defined by	40 CFR 26	1	
		_ مر	23		4	2/./.	1
Mr. Jaime Brown					r. Date	3/6/2017	
p. Generator Authorized Agent Name (P	rint)	q. Signature	T-diameter assemble	in llo o\	1. Date		
II. TRANSPORTER (Gen	erator comple	etes IIa-b and	Transporter complete			,	
a. Transporter's Name and Address:		984 50			1 III	18 481	
Z Force Transportation, Inc.		i j		7/100	The late	10/	
700 E. Joe Orr Road Chicago Heights, IL 60411		<u> </u>		•		-	
Chicago Heights, it. 00411		- \$					
b. Pho <u>ne: 6</u> 30 243-8860			1 1				
ATIL OIL		A , / /.	& Hadrey	Parent land	9/,	12	
(U JULO Daling		Mun	V AUMUL	e. Date	010	<u>" </u>	
c. Driver Name (Print)		ignature 🕻 💮					
III. DESTINATION (General	ator complete		estination Site comple	ites ilia-g)			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
a. Disposal Facility and Site Address:		5. 500		cy Indication Spa	ace:	~ 100	
Newton County Landfill		56-05	NA NA		₹) $(<)$	
2266 E. 500 South			Andrewsky and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	name commence of a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	-	$\mathcal{L} \setminus \mathcal{I}$)
Brook, IN 47922 b. Phone: 219.394.7222 or 7221							
I herby certify that the above named ma	terial has been a	accepted and to t	he best of my knowledge th	ne foregoing is t	ye and ac	curate.	
Therby Certify that the above named the			- I A A A A A A A A A A A A A A A A A A		$\sqrt{}$		
					<u> </u>		
e. Name of Authorized Agent (Print)		ignature		g. Date)		
IV. ASBESTOS (Generato	or completes	IVa-f and Ope	erator complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Age	ency Name and	Address:	 -	
Not Applicable			Not Applicable				
			d. Phone:				
b. Phone:	ditional Infa	ion	u. rhone.				
e. Special Handling Instructions and Ad	idilional Informat	ion.					
		- 15					
f. Friable Non-Friable Be	oth	% Friable	% Non-Friable				
THE TRANSPORT OF THE PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PARTICULAR AND A PA	by dealers that	the contente of the	nis consignment are fully ar	nd accurately de	scribed ab	ove by proper s	hipping name
and are classified, packed, marked and	labeled and are	in all respects in	proper condition for transp	oort by highway	according t	o applicable int	emauonai and
national governmental regulations.							
O LANGUEST THE OPEN		Signature		i. Date	9		
g. Operator's Name and Title (Print) *Operator refers to the company which	owns leases of	nerates, controls	or supervises the facility b	eing demolished	or renova	ted, or the dem	olition or
renovation operation or both	Overio, icases, O	, c. a.c.c., co. (a.c.)	in the second control of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s				



GENERATOR (Generator completes la-r)

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	Manifest Document Number NH - 45				c. Page 1 of		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608			e. Generator's Mailing USEPA Region 5 77 West Jackson Blvd Chicago, Illinois 60604	SE-5J					
f. Phone:312-353-9351			g. Phone:312 353-935						
If owner of the generating facility diff	ers from the generator, p	rovide:					İ		
			i Oumaria Dhana Na						
h. Owner's Name:	k. Exp. Date	Macta Shir	i. Owner's Phone No.: ping Name and		ntainers	n, Total	o. Unit		
j. Waste Profile #	K. Exp. Date	Description	ping Name and	No.	Type	Quantity	WtVoi		
47181312520	2/1/14		us, treated soil	1107	1 13 1				
1, 10, 10, 12, 12, 12, 12, 12, 12, 12, 12, 12, 12				001	DT	18	Yards		
GENERATOR'S CERTIFICATION: state law, has been properly describ waste is a treatment residue of a pro- been treated in accordance with the	ed, classified and package eviously restricted hazard	ged, and is in prop lous waste subiec	er condition for transpor t to the Land Disposal R	tation accordi estrictions. I	ing to appli certify and	cable regulation warrant that the	ns; AND, if this		
)					1 01	1,2			
p. Generator Authorized Agent Nam	o (Print)	Signature			7 Date	4 1 7			
II. TRANSPORTER (Congrator completes		neporter completes	IIc-e)	,				
a. Transporter's Name and Address Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860					Truck #	F173 T-	73		
	V -	11 -	,/2		8/4/1	3			
	d, Signa	1000	0 -	e. Date					
c. Driver Name (Print)			ation Cita agminista						
III. DESTINATION (Ge									
a. Disposal Facility and Site Addres Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Nui 56-05	NA	·		17.0			
I herby certify that the above name	l material has been acce	pted and to the be	st of my\knowledge the	foregoing is tr	ue and acc	curate.			
					•	70·10	15		
e. Name of Authorized Agent (Print	f. Signa	ture /	<i>'</i> (g. Date	<u> </u>				
	· · · · · · · · · · · · · · · · · · ·	2 - 52.5	r complete IVa i)						
	rator completes iva	-ı aila Obelalo		Alares	\ alden = -				
a. Operator's Name and Address: Not Applicable			c. Responsible Agenc Not Applicable	y Name and A	Address:				
b. Phone:	F 6 1 (1) 2 F 5	- <u> </u>	d. Phone:						
e. Special Handling Instructions an	· ·	Trial land							
f. 🗌 Friable 🔲 Non-Friable 📗	Both %Fr	iable //	% Non-Friable				hinning carre		
OPERATOR'S CERTIFICATION: I and are classified, packed, marked national governmental regulations.	nereby declare that the cand labeled and are in a	contents of this cor ill respects in prop	nsignment are fully and a series condition for transport	by highway a	according t	o applicable into	ernational and		
]									
g. Operator's Name and Title (Print	h. Signa	ature 🐇		i. Date		had arthada-	olition or		
*Operator refers to the company wi	nich owns, leases, operat	tes, controls, or su	pervises the facility bein	y aemolished	or renova	ieu, or the dem	OHIOH OF		



a. Generator's US EPA ID Number	Completes	b. Manifest Docum	F-868		c. Page		
ILR 000 177 592			NH -4 6	A -1-6		1	
d. Generator's Name and Location: USEPA Region 5			e. Generator's Mailing USEPA Region 5	g Address:			
947 West Cullerton St			77 West Jackson Blv	d SE-5J			
Chicago IL 60608			Chicago, Illinois 6060)4			
f. Phone:312-353-9351		* 1	g. Phone:312 353-93	51		<u>.</u>	
If owner of the generating facility differs from	om the generator	r, provide:					
h. Owner's Name:			i. Owner's Phone No.			1	
j. Waste Profile #	k. Exp. Date	Waste Ship Description	ping Name and	m. Co No.	ntainers Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14		ıs, treated soil	INU.	Type	Quantity	146.401
77 101012020	_/ 11 17	non nazardot	2, 1100100 0011	001	DT	18	Yards
			<u> </u>		+		
			70 M				
					ļ		
			36 1 12 - 26 -				
			8 5 95 15 15 15				
GENERATOR'S CERTIFICATION: I here	by certify that th	e above named mate	rial is not a hazardous	waste as defin	ed by 40 C	FR 261 or any	applicable
state law, has been properly described, cl waste is a treatment residue of a previous	assified and pac ly restricted haz-	kaged, and is in prop ardous waste subject	er condition for transpo to the Land Disnosal F	Restrictions 17	ng to applic certify and i	cable regulation warrant that the	is, ANU, if tills e waste has
been treated in accordance with the requi	rements of 40 CI	FR 268 and is no long	ger a hazardous waste	as defined by	40 CFR 26	1.	
		<u> </u>				. 1 1	
Mr. Jaime Brown		q. Signature			r. Date	3/6/2017	3
p. Generator Authorized Agent Name (Pri		- II\	r. Date				
II. TRANSPORTER (Gene	rator comple	tes IIa-b and Trai	isporter completes				
Transporter's Name and Address: Z Force Transportation, Inc.				1030	k# 15	14 T-54	1
700 E. Joe Orr Road			(설 - 현	,,,,,	· 1)	` \	T
Chicago Heights, IL 60411			West of the second				
b. Phone: 630 243-88 <u>6</u> 0							
5.1 Notice 050 245-0000		<i>- K</i> · · · · (A 1 (~		01.7	<i>-</i> >	
1 m Bohl		Len V	30N		0/6/1	2	
c. Driver Name (Print)		nature	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e. Date	' 1		
III. DESTINATION (Genera	tor complete						
a. Disposal Facility and Site Address:		c. US EPA Nun		Indication Spa	ice:		
Newton County Landfill 2266 E. 500 South		56-05	NA /	(())			
Brook, IN 47922			27 L	1312			
b. Phone: 219.394.7222 or 7221							
I herby certify that the above named mate	erial has been ac	cepted and to the be	st of my knowledge the	toregoing is tr	ue and acc	urate.	•
					>	(97))
e. Name of Authorized Agent (Print)	f. Sig	nature	Name of the second	g. Date	Contractor Contractor	1 200	
IV. ASBESTOS (Generator	completes I\	/a-f and Operato	r complete IVg-i)				
a. Operator's Name and Address:	,	,	c. Responsible Agend	cy Name and A	\ddress:		
Not Applicable			Not Applicable				
b. Phone:			d. Phone:				
e. Special Handling Instructions and Add	itional Informatio	n:	<u> </u>				
,			() ()				
	n 0/	Friable	9/ Non Erichia				
f. Friable Non-Friable Bott	n % v declare that th	Friable e contents of this con	% Non-Friable	accurately des	cribed abo	ve hy proper el	ninning name
and are classified, packed, marked and la	y deciate that the abeled and are it	all respects in prope	er condition for transpor	rt by highway a	ccording to	applicable int	ernational and
national governmental regulations.		, , , , , , , , , , , , , , , , , , , ,					
			(V) 				
a Operator's Name and Title (Print)	h Ci	gnature	# # # # # # # # # # # # # # # # # # #	i. Date			
g. Operator's Name and Title (Print) *Operator refers to the company which or	wns, leases, one	erates, controls, or su	pervises the facility bei			ed, or the dem	olition or
renovation operation or both	,,	,					



 GENERATOR (General 	tor completes la	a-r)	13 					
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	NH - 4	1		c. Page	1 of1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's USEPA Regio 77 West Jacks Chicago, Illino g. Phone:312	n 5 on Blvd SE is 60604				
If owner of the generating facility differs	from the generator,	provide:						
h. Owner's Name:			i. Owner's Pho			4.1	- "Watal	T total
j. Waste Profile #	k. Exp. Date	1. Waste Ship Description	ping Name and		M. Co No.	ntainers Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardo	us, treated soil		001	DT	18	Yards
state law, has been properly described, waste is a treatment residue of a previo been treated in accordance with the red	ENERATOR'S CERTIFICATION: I hereby certify that the above named materia ate law, has been properly described, classified and packaged, and is in proper aste is a treatment residue of a previously restricted hazardous waste subject to be treated in accordance with the requirements of 40 CFR 268 and is no longer						warrant that the	ns; AND, if this waste has
Mr. Jaime Brown					2/6/201	6/2013		
p. Generator Authorized Agent Name (F				r. Date				
II. TRANSPORTER (Ger	nerator complet	es Ila-b and Tra	nsporter com	pletes IIc	:-e)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860		O O O	0		Truc	k#4º	144	
c. Driver Name (Print)	GS X	nature	gassi	on 8/6/2013 e. Date				
			ation Site co	nnletes I				
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA Nu 56-05	mber d. Discr NA	epancy Indi	ication Spa	5	2	
I herby certify that the above named m	aterial has been ac	cepted and to the be	est of my knowle	dge the fore	egoing is tr	rue and ac	curate.	
		سامه مستسد . ماه ماه داده سامه		-	5		701	
e. Name of Authorized Agent (Print)	f Sia	nature		10 mm	g. Date	9		17
			or complete th	78-i\				
	or completes iv	a-i allu Operati	c. Responsibi	· y · y	lome and	Addrage:		
a. Operator's Name and Address: Not Applicable			Not Applicable		ame and /	Address.		
b. Phone: e. Special Handling Instructions and A	dditional Informatio	n:	d. Phone:					
				Ä.				
OPERATOR'S CERTIFICATION: I her and are classified, packed, marked an	eby declare that the	Friable e contents of this con all respects in prop	% Non-Friablesignment are for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for	illy and acc	urately des	scribed ab	ove by proper s to applicable int	hipping name ernational and
national governmental regulations.								
1441-75	L 0:	anoturo.			i. Date	<u> </u>		
g. Operator's Name and Title (Print) *Operator refers to the company which	in. Si n owns, leases, ope	gnature trates, controls, or si	upervises the fac	ility being o	lemolished	or renova	ited, or the dem	olition or
renovation operation or both				3g (



 GENERATOR (Generat 	or completes la		113					
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	NH-51			c. Page	1 of1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's h USEPA Region 77 West Jackso Chicago, Illinois g. Phone:312 3	5 n Blvd SE-5 60604				
If owner of the generating facility differs f	rom the generator,	, provide:						
h. Owner's Name:			i. Owner's Phon	ne No.:	0-	-1-1	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and		No.	ntainers Type	Quantity	Wt/Vol
47181312520	2/1/14	non hazardou	ıs, treated soil		001	DT	18	Yards
			8					
			· 1	18 10 10				
state law, has been properly described,	NERATOR'S CERTIFICATION: I hereby certify that the above named material to law, has been properly described, classified and packaged, and is in proper to ste is a treatment residue of a previously restricted hazardous waste subject to en treated in accordance with the requirements of 40 CFR 268 and is no longer					certify and	warrant that the	13,711 1 0, 11 0 0 0
Mr. Jaime Brown		2		<u> </u>		é	3/6/201	3
n Generator Authorized Agent Name (F	Print)	q. Signature		ki .		r. Date	' /	
II. TRANSPORTER (Ger	nerator comple	tes IIa-b and Tra	nsporter comp	oletes IIc-	e)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860					,	ruck	# 172/	F-62
NAVE DOCK		anature Da	ughs	in	e. Date	[6]	5	
c. Driver Name (Print) III. DESTINATION (General			ation Site con	noletes III	d-a)		, r	~ ^ >
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA Nu 56-05	mber d. Discre	pancy Indic	ation Spa		18	7
b. Phone: 219.394.7222 of 7221 I herby certify that the above named m	aterial has been a	ccepted and to the be	est of my knowled	ige the fore	joing is t	rue and ac	curate/	<u>'</u>
		-	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	THE RESERVE OF THE PROPERTY.	A STATE OF STREET		5/0/1	
e. Name of Authorized Agent (Print)		gnature			g. Date	e		
IV. ASBESTOS (General	tor completes l'	Va-f and Operato	or complete IV	(gl i)				
a. Operator's Name and Address: Not Applicable			c. Responsible Not Applicable	Agency Na	ame and	Address:		
b. Phone: e. Special Handling Instructions and A	dditional Informatio	on:	d. Phone:					
€ □ Frighte □ Non-Frighte □ Both % Frighte % Non-Frighte								
1. [OPERATOR'S CERTIFICATION: I hereby declare that the contents of this and are classified, packed, marked and labeled and are in all respects in pi					scribed ab according	ove by proper s to applicable in	shipping name ternational and
				<u> </u>	i. Date			
g. Operator's Name and Title (Print) *Operator refers to the company which	h. S h owns, leases, op	Signature erates, controls, or s	upervises the fac	ility being de	emolished	d or renova	ated, or the den	nolition or
renovation operation or both				(V) (E)				



 GENERATOR (Generat 	GENERATOR (Generator completes la-r)						- Co 1 - f			
a. Generator's US EPA ID Number ILR 000 177 592	iLR 000 177 592				c. Page 1 of NH - 50 e. Generator's Mailing Address:					
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's USEPA Region 77 West Jacks Chicago, Illino g. Phone:312	1 5 on Blvd SE- s 60604						
If owner of the generating facility differs f	rom the generato	or, provide:								
h. Owner's Name:			i. Owner's Pho		Co	ntainers	n. Total	o. Unit		
j. Waste Profile #	k. Exp. Date	Description	pping Name and		No.	Type	Quantity	Wt∕Vol		
47181312520	2/1/14	non hazardo	us, treated soil		001	Та	18	Yards		
state law, has been properly described, waste is a treatment residue of a previous been treated in accordance with the req	ENERATOR'S CERTIFICATION: I hereby certify that the above named materia ate law, has been properly described, classified and packaged, and is in proper aste is a treatment residue of a previously restricted hazardous waste subject to sen treated in accordance with the requirements of 40 CFR 268 and is no longer					certify and	warrant that the	e waste has		
Mr. Jaime Brown						<u> </u>	3/6/201			
n Generator Authorized Agent Name (F	Print)	q. Signature		(i)		r. Date				
II. TRANSPORTER (Ger	nerator compl	etes IIa-b and Tra	ansporter com	ipletes IIc	-e)					
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860			/		Tro	cK#	493	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
(as Knok		Signetture 10/4	25		e. Dat	8/6/20	013			
c. Driver Name (Print)	1/0.3	Signature /	action Site on	mplates II						
III. DESTINATION (Gene	rator completi	e ma-c and Desiii	Tation Site Co	epancy Indi	nation Sn	200.				
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA No 56-05	NA			R				
b. Phone: 219.394.7222 or 7221 I herby certify that the above named m	aterial has been	accepted and to the b	est of my knowle	dge the fore	egoing is t	rue and ac	curațe.			
Therby certify that the above married m		- Of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	ACTION TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	,	5	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA			
e. Name of Authorized Agent (Print)	f. S	Signature/	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	الأأسمية	g. Dal	ē				
	or completes	IVa-f and Operat	or complete f	Vg-i)						
	tor completes	, 1 C .	c. Responsib	le Agency N	lame and	Address:				
a. Operator's Name and Address: Not Applicable			Not Applicab							
b. Phone:			d. Phone:							
e. Special Handling Instructions and A	dditional Informa	ition:								
f ☐ Friable ☐ Non-Friable ☐ E	Soth	% Friable	% Non-Friab	le				 		
f. Friable Non-Friable L E OPERATOR'S CERTIFICATION: I he and are classified, packed, marked an national governmental regulations.			onsignment are f per condition for	ully and acc transport by	urately de highway	escribed at according	to applicable in	shipping name nternational and		
	<u> </u>	Signature		28 A	i. Dat	e				
g. Operator's Name and Title (Print) *Operator refers to the company which	h owns, leases, o	operates, controls, or	supervises the fa	cility being o	demolishe	d or renov	ated, or the der	nolition or		
renovation operation or both				FLS						



I. GENERATOR (General	tor completes	s la-r)					D	· _ ·	
a. Generator's US EPA ID Number ILR 000 177 592		b. M	anifest Docum	NH - 2			c. Page	1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351				e. Generator's USEPA Regic 77 West Jack Chicago, Illino g. Phone:312	n 5 son Blvd SE is 60604				
If owner of the generating facility differs	from the genera	itor, provi	de:						
h. Owner's Name:	k. Exp. Date		1 Waste Shin	i. Owner's Ph ping Name and	one No.:	m. Co	ntainers	n. Total	o. Unit
j. Waste Profile #			Description		1	No.	Туре	Quantity	Wt/Vol
47181312520	2/1/14		non hazardo	us, treated soil		001	DT	18	Yards
									- Daniel -
GENERATOR'S CERTIFICATION: I h state law, has been properly described waste is a treatment residue of a previ- been treated in accordance with the re	, classified and	packaged	and is in pro	of to the Land D	isnosal Rest	rictions. 1	certify and	warrant that th	r applicable ins; AND, if this e waste has
7 20			2	>		<i>N</i>	1	8/6/201	3
2 Authorized Agent Name	(Print)	q. Si	gnature		M : 4 11-	>	r. Date		
II. TRANSPORTER (Ge	enerator com	pletes I	la-b and Tra	ansporter co	mpietes III	c-e)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			,			ruck	173/1	-73	
b. Phone: 630 243-8860 X MIChael Pah	×	2	n. I	7/				1013	
Diver Name (Brint)	d	I. Signatu	ге			e. Dat	<u>e′′</u>		
III. DESTINATION (Gen	erator comple	ete Ilia-	c and Desti	nation Site c	ompletes	ilid-g)			
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922			c. US EPA N 56-05	umber d. Dis	crepancy inc	202			
b. Phone: 219.394.7222 or 7221 I herby certify that the above named	naterial has bee	en accept	ed and to the t	est of my know	ledge the for	regoing is	true and a	courate.	
7,10,5,5			Mary and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	To a principal and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	g. Da		(0)	W. W. W. W. W. W. W. W. W. W. W. W. W. W
e. Name of Authorized Agent (Print)		f. Signatu	re	termination of o	1\/d_i)	<u> </u>	<u></u>		
IV. ASBESTOS (General	ator complete	es IVa-t	and Opera	c Respons	ible Agency	Name and	Address:		
a. Operator's Name and Address: Not Applicable				Not Applica					
b. Phone:				d. Phone:	- 15 · · · · · · · · · · · · · · · · · ·				
e. Special Handling Instructions and	Additional Infor	mation:							
f. Friable Non-Friable	Both	% Fria	able	% Non-Fri	able				chinning name
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I hand are classified, packed, marked national governmental regulations.	nereby declare the and labeled and			consignment are oper condition f	fully and ac or transport t	curately do by highway	escribed a	to applicable	international and
пацина доченниеная годинатого.									
a Operator's Name and Title (Print)		h. Signa	ture		\$15. \$15. \$15.	i. Da	ite	vated or the de	emolition or
g. Operator's Name and Title (Print) *Operator refers to the company wh	ich owns, lease	s, operate	es, controls, or	supervises the	tacility being	aemolish	ed of letto	value, or are de	
renovation operation or both									



I. GENERATOR (General	i completes i			<u> </u>				
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	ent Number NH - N	3		c. Page	1 of 1	
d. Generator's Name and Location:			e. Generator	s Mailing Add	iress:			
USEPA Region 5		:	USEPA Regi					
947 West Cullerton St		·	77 West Jack	son Blvd SE	-5J			
Chicago IL 60608		:	Chicago, Illin					
f. Phone:312-353-9351			g. Phone:312	353-9351				
If owner of the generating facility differs from	om the generator	r, provide:		¥.				
h Oumaria Nama:		:	i. Owner's Ph	ana Na				
h. Owner's Name: i. Waste Profile #	k. Exp. Date	I Maste Shin	ping Name and		m Co	ntainers	n. Total	o. Unit
J. Waste i Tollie #	R. Exp. Date	Description	ping Hame and	• 16	No.	Туре	Quantity	Wt/Vol
47181312520	2/1/14		is, treated soil	- 4:	140.	.,,,,,,,		
47 101012020	2.7 • 7 • • 1	11011110201000	,		001	DT	18	Yards
				- 進入	1			
				72 102				
				18				
				<u> </u>				
				1) - (1)				
				素:				1
GENERATOR'S CERTIFICATION: I here	hy cortify that th	e above named mate	rial is not a har	radoue wast	e ac defin	ad by 40 C	FR 261 or any	annlicable
state law, has been properly described, c	eby Certily that the	kaged and is in prop	er condition for	transportatio	n accordi	na to applic	able regulation	s AND if this
waste is a treatment residue of a previous	lv restricted haz	ardous waste subject	to the Land Di	sposal Restri	ctions Lo	ertify and	varrant that the	waste has
been treated in accordance with the requi	rements of 40 Cl	FR 268 and is no lone	er a hazardou	s waste as de	efined by 4	0 CFR 26	1.	
. / 2							. 1 1	
Mr. Jaime Brown			>			۶	16/2017	ን
p. Generator Authorized Agent Name (Pri	nt)	q. Signature		8 :		г. Date	, ,	
II. TRANSPORTER (Gene			nsporter con	onletes IIc	-e)			
a. Transporter's Name and Address:	nator comple	teo na b ana man	ioportor our	inpatico ilo		A		م
Z Force Transportation, Inc.		1			and c	jck #	164/1-5	(b)
700 E. Joe Orr Road					71.	JON	12.11.0	الا
Chicago Heights, IL 60411		:		11 11 11 11 11 11 11 11 11 11 11 11 11	•			
b. Phone: 630 243-8860		:		3		<u> </u>		
(1 (1)		1	\ \	14 ·		8/1.	100	
DIN BOLL		In 12	<u>m</u>	- 55	 	0/9/	12	
c. Driver Name (Print)		gnature			e. Date			
III. DESTINATION (General	tor complete	Illa-c and Destina	ation Site co	mpletes II	ld-g)			
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Disc	repancy Indic	ation Spa	ce:	<u>سر</u> بر	and companies .
Newton County Landfill		56-05	NA			ę.	$\gamma M L C$	
2266 E. 500 South				<u> </u>			J(UV)	
Brook, IN 47922		·		\$ 1			John .	
b. Phone: 219.394.7222 or 7221								
I herby certify that the above named mate	erial has been ac	cepted and to the be	st of my knowle	eage the fore	going is tri	le and acc	urate.	7
		:	and the same	, % =	-		110112)
e. Name of Authorized Agent (Print)	f Sig	nature		Management and the second of the second	g. Date		/ - 6 / -	
e. Name of Admonaged Agent (Finite)			ال مالموسوم	(a a	9. 24.5			
IV. ASBESTOS (Generator	completes IV	va-i and Operato				1.1		
a. Operator's Name and Address:		:	c. Responsib		ame and A	adress:		
Not Applicable			Not Applicab	le				
1				36 1 36 s				
h Dhana			d. Phone:	116 C				
b. Phone:	::: 1 1-E		u. Filone.	398 11 397 -				
e. Special Handling Instructions and Add	шона тогтацо	л.		i i				
		:		<u>\$</u>				
f. Friable Non-Friable Bot	h %	Friable	% Non-Friab	le 🖟				
OPERATOR'S CERTIFICATION: I hereb	v declare that the	e contents of this con	signment are f	ully and accu	rately des	cribed abo	ve by proper sh	nipping name
and are classified, packed, marked and I	abeled and are it	n all respects in prope	er condition for	transport by	highway a	ccording to	applicable inte	ernational and
national governmental regulations.	, 11			<u> </u>		-		
				447				
		<u> </u>		#2 V2- :1				
g. Operator's Name and Title (Print)	h. Si	ignature		Mar V	i. Date			1747
*Operator refers to the company which o	wns, leases, ope	erates, controls, or su	pervises the fa	cility being de	emolished	or renovat	ea, or the demo	DIEION OF
renovation operation or both		•		7.5				



 GENERATOR (Generate 	or completes la	-r) :)()					
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	ر - NH	1		c. Page	1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St			e. Generator's USEPA Region 77 West Jacks	n:5 on Blvd SE⊰				
Chicago IL 60608		·	Chicago, Illing g. Phone:312					
f. Phone:312-353-9351 If owner of the generating facility differs fr	om the generator,	provide:	g. Flione.312	000-5001		······································		
h. Owner's Name:		:	i. Owner's Pho	ne No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and			ntainers	n. Total	o. Unit
		Description	**************************************	5	No.	Type	Quantity	Wt/Vol
47181312520	2/1/14	non hazardoi	us, treated soil		001	DT	18	Yards
			3					
			; •					
				N. Carlotte		1		
GENERATOR'S CERTIFICATION: I her	eby certify that the	above named mate	erial is not a haza	rdous waste	as defin	ed by 40 C	FR 261 or any	applicable
state law has been properly described of	dassified and pack	aged, and is in prot	er condition for t	transportatio	n accordii	ng to appli	cable regulation	IS; AND, IT TAIS
waste is a treatment residue of a previou	sly restricted hazar	rdous waste subiec	t to the Land Dis	posal Restric	ctions. I c	ertify and	warrant that the	waste has
been treated in accordance with the requ	irements of 40 CF	R 268 and is no lon	ger a hazardous	waste as de	tined by 4	10 CFR 26	1 .	
Mr. Jaime Brown		-	- >			1 8	3/6/2013	ι, Ι
p. Generator Authorized Agent Name (P	rint) C	ı. Signature		28 1 10 1		r, Date	10/100	
II. TRANSPORTER (Gen	erator complete		nsporter com	pletes IIc-	e)			
a. Transporter's Name and Address:	Crator complete	30 114 0 4114 114				i.k	(01	3 -3
Z Force Transportation, Inc.						ν - 1 2	6678 1	181
700 E. Joe Orr Road					11	JOH	Car. I	1 '
Chicago Heights, IL 60411					, -		•	
b. Phone: 630 243-8860			۸ .					
V-+11:	. \	N. J.	e uli	116				
V 7010 Call	work_	MIMO	Sum	WP	- D-1-	$-\partial L$.2.	
c. Driver Name (Print)	∮ d. Sigr				e. Date	2/4	1/	
III. DESTINATION (General	ator complete I							
a. Disposal Facility and Site Address:		c. US EPA Nu	mber d. Discr NA	epancy Indic	ation Spa	ice:	ř	
Newton County Landfill 2266 E. 500 South		56-05	INA		1,4	Particular Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of		
Brook, IN 47922				1	(//	en allega area		
b Phone: 219 394 7222 or 7221								
I herby certify that the above named ma	terial has been acc	epted and to the be	est of my knowle	dge the foreg	joing is tr	ue and ac	curate.	
		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	I parameter		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
e. Name of Authorized Agent (Print)	f. Sigr	nature	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	- Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carrier and Carr	g. Date			
IV. ASBESTOS (Generato			or complete I\	/q ² i)				
a. Operator's Name and Address:	3311151010011		c. Responsible	e Agency Na	me and A	ddress:		
Not Applicable		:	Not Applicable					
		•		(0 - (8				
		•	d. Phone:	8				
b. Phone: e. Special Handling Instructions and Ad	ditional Information	· · · · · · · · · · · · · · · · · · ·	u. Filolie.	165 165 167				
e. Special Handling instructions and Ad	ullional impiriation			8				
f. Friable Non-Friable Bo	oth %	Frìable	% Non-Friabl	e 🧎	(.1 .1		hi propor o	signing name
OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	by declare that the	contents of this co	nsignment are fu	my and accu	rately des highway a	iccordina t	ove by proper si co applicable into	npping name ernational and
 and are classified, packed, marked and national governmental regulations. 	labeled and are in	an respects in prof	or condition for t	port by I				
national governmental regulations.		:			T			
				15. 15.				
g. Operator's Name and Title (Print)	h. Sig	inature	mandana tha fa-	ilitir bolog da	i. Date		ted or the dem	olition or
*Operator refers to the company which	owns, leases, oper	rates, controls, of s	apervises the iac	mity ucing uc	, incliation	J, TOHOVA	, 51 010 00111	•.



. GENERATOR (Gene	rator completes la-	r)			a Daga	1 of	
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docun	NH-5 V		c. Page	1	
d. Generator's Name and Location: JSEPA Region 5 947 West Cullerton St Chicago IL 60608 5. Phone:312-353-9351 If owner of the generating facility diffe	ers from the generator, p	orovide:	e. Generator's Mailine USEPA Region 5 77 West Jackson Blv Chicago, Illinois 6060 g. Phone:312 353-93	rd SE-5J 04			
			i. Owner's Phone No				
h. Owner's Name:	k, Exp. Date	1 Waste Shir	pping Name and		ntainers	n. Total	o. Unit
j. Waste Profile #	K. Exp. Date	Description		No.	Type	Quantity	Wt/Vol
47181312520	2/1/14	non hazardo	us, treated soil	001	DT	18	Yards
		:					
GENERATOR'S CERTIFICATION: state law, has been properly describ waste is a treatment residue of a pre been treated in accordance with the	ed, classified and packa	igea, and is in pro dous waste subject	t to the Land Disposal	Restrictions. I	certify and	warrant that the	ns; AND, if this e waste has
Mr. Jaime Brow.		Signature	<u> </u>		r. Date	3/6/201	3
p. Generator Authorized Agent Nam II. TRANSPORTER (Concretor complete	s IIa-h and Tr	ensporter complete	es Ilc-e)	·		
a. Transporter's Name and Address Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411	:	.		15	vel 4	444	
b. Phone: 630 243-8860	d. Sign	Mel J	wayer	e. Dat		2013	
III. DESTINATION (Ge	nerator complete II	la-c and Desti	nation Site comple	tes IIId-g)			
a. Disposal Facility and Site Address Newton County Landfill 2266 E. 500 South Brook, IN 47922	39:	c. US EPA N 56-05	umber d. Discrepand NA	cy Indication Sp	Control of the second		
b. Phone: 219.394.7222 or 7221 I herby certify that the above name	d material has been acc	epted and to the i	est of my knowledge th	ne foregoing is	true and a	curate.	Z
		- Consideration of the Constitution of the Con		a. Đa	Annual Security		
e. Name of Authorized Agent (Print	t) f. Sign	ature	or complete IVa ii	l A: Da			
IV. ASBESTOS (Gene	erator completes IV	a-r and Opera	c. Responsible Age	ency Name and	Address:		
a. Operator's Name and Address: Not Applicable			Not Applicable				
b. Phone: e. Special Handling Instructions ar	nd Additional Information	1.	d. Phone:				
e. Special Handling Instructions ar	id Additional Information	•					
f. Friable Non-Friable OPERATOR'S CERTIFICATION: and are classified, packed, market national governmental regulations	I hereby declare that the dand labeled and are in	Friable contents of this of all respects in pro	% Non-Friable onsignment are fully are per condition for transport	nd accurately do port by highway	escribed al	oove by proper to applicable in	shipping name nternational and
natorial governmental regulations			# · · · · · · · · · · · · · · · · · · ·				
Title (Dei	nt) h Sic	nature		i. Da	te		
g. Operator's Name and Title (Prin *Operator refers to the company v	vhich owns, leases, ope	rates, controls, or	supervises the facility b	eing demolishe	ed or renov	ated, or the der	molition or
renovation operation or both							



I. GENERATOR (Generato	r completes la	-r)					4 - £	
a. Generator's US EPA ID Number		b. Manifest Docum	ent Number NH -5	7		c. Page	1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's USEPA Regio 77 West Jacks Chicago, Illino g. Phone:312	Mailing Add n 5 on Blvd SE is 60604				
If owner of the generating facility differs fro	om the generator,	provide:		W				
h. Owner's Name:			i Owner's Pho	ne No.	m Co	ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	l. Waste Ship Description	ping Name and		No.	Type	Quantity	Wt/Vol
47181312520	2/1/14		is, treated soil		001	DT	18	Yards
GENERATOR'S CERTIFICATION: I her state law, has been properly described, c waste is a treatment residue of a previou been treated in accordance with the requ	lassified and pack	aged, and is in prop rdous waste subject	t to the Land Dis	sposal Resti	rictions.	certify and	warrant that the	waste has
Mr. Jaime Brown						7	3/6/2017	<u> </u>
n Generator Authorized Agent Name (P)	rint) (q. Signature			- <u></u>	r. Date	<u> </u>	
II. TRANSPORTER (Gen	erator complet	es Ila-b and Tra	nsporter con	ipletes IIC	: -е)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860			1				SD-3	
A THONE GALLET	FX	you of	D-		e. Date			
c. Driver Name (Print)		nature	ation Site co	mnletes I		· · · · · · · · · · · · · · · · · · ·		
III. DESTINATION (General	ator complete i	lia-c and Desui	ation Site co	repancy Ind	ication Sn	ace.		
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA Nu 56-05	mber d. Disc NA	/	JUE			
b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	t-dal bas boon on	contact and to the b	et of my knowle	due the for	eooing is t	rue and ac	curate.	,
I herby certify that the above named ma	tenal nas been ac	cepted and to the b	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		1/5	The Samuely		>
		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction o			\sim \sim	<u> </u>	
e. Name of Authorized Agent (Print)	f. Sig	nature	and the second second	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	g. Dat	e		
IV. ASBESTOS (Generato	or completes IV	/a-f and Operate	or complete i	Vg-1)		A ddrocc:		
a. Operator's Name and Address: Not Applicable			c. Responsib Not Applicab		vanie anu	Augress.		
(The		•	d. Phone:	*				
b. Phone: e. Special Handling Instructions and Ad	ditional Informatio	n:						
e. Special Halluling Moderns and				74 75 85 87				
f Friable Non-Friable B	oth %	Friable	% Non-Friat	ole •				
f. Friable Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Bookern Non-Friable Boo		to the efficiency	onsignment are per condition for	fully and acc transport b	curately de y highway	scribed ab according	ove by proper s to applicable in	hipping name ternational and
national governmental regulations.								
per - /Para-A	h Ci	gnature		(%) :-	i. Dat	e		
g. Operator's Name and Title (Print) *Operator refers to the company which	owns, leases, ope	gnature erates, controls, or s	upervises the fa	cility being	demolishe	d or renova	ated, or the den	nolition or
renovation operation or both		, <u>, , , , , , , , , , , , , , , , , , </u>		<u> </u>				



I. GENERATOR (Generato	or completes la	-r)						
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	ent Number NH -			c. Page	1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351 If owner of the generating facility differs fro	om the generator, I	provide:	e. Generator's USEPA Region 77 West Jacks Chicago, Illinois g. Phone:312 3	5 on Blvd SE- s 60604				
h. Owner's Name:			i. Owner's Pho	ne No.:				
j. Waste Profile #	k. Exp. Date		oing Name and	v L		ntainers	n. Total	o. Unit Wt/Voi
47181312520	2/1/14	Description non hazardou	s treated soil		No.	Туре	Quantity	VVUVOI
4, 10 10 12 02 0					001	DT	18	Yards
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requ	lassified and packa sly restricted hazar	aged, and is in prope dous waste subject	er condition for to to the Land Disp	ansportatio osal Restri	n accordi ctions. To	ng to applic certify and v	cable regulation warrant that the	s; AND, if this
Mr. Jaime Brown)				8	3/6/2017)
p. Generator Authorized Agent Name (Pr	int) q	. Signature		81-4 \$1-	- \	r. Date		
II. TRANSPORTER (General Transporter's Name and Address:	erator complete	es IIa-b and I rar	sporter com	Dietes IIC-				
Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			SCIENT TO A COMPANY		11.	ick #9	902/30	794
b. Phone: 630 243-8860							1	
c. Driver Name (Print)	d. Sign	nistopher 1	Tays		e. Date	8/4/	//3	
III. DESTINATION (Genera			ation Site con	noletes III				
a. Disposal Facility and Site Address: Newton County Landfill		c. US EPA Nun 56-05		pancy Indic		ice:	7	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221					1	10	4	
I herby certify that the above named mat	erial has been acc	epted and to the bes	st of my knowled	ge the foreg	going is tr	ue and acc	urate.	
			Andrew Market and Andrew Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of	5		56	<i>5</i> /)	
e. Name of Authorized Agent (Print)	f. Sign		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		g. Date	<u>}</u>		
IV. ASBESTOS (Generato	r completes IVa	a-f and Operator				ddraga:		
a. Operator's Name and Address: Not Applicable			c. Responsible Not Applicable		ime and A	(agress)		
b. Phone:		\$ *	d. Phone:					
e. Special Handling Instructions and Add	litional Information							
f. Friable Non-Friable Bo	th %F	riable	% Non-Friable	316 12 25				
OPERATOR'S CERTIFICATION: I herel and are classified, packed, marked and	by declare that the labeled and are in	contents of this con all respects in prope	signment are ful er condition for tr	ly and accu ansport by I	rately des highway a	scribed abo according to	ve by proper sh applicable inte	ipping name ernational and
national governmental regulations.								
g. Operator's Name and Title (Print)	h. Sigi	nature		- (5 · · · · · · · · · · · · · · · · · ·	i. Date			
*Operator refers to the company which or renovation operation or both	owns, leases, opera	ates, controls, or su	pervises the facil	ity being de	molished	or renovat	ed, or the demo	olition or



I. GENERATOR (Generato	or completes la			2 .								
a. Generator's US EPA ID Number ILR 000 177 592	0 177 592 NH - 90						8 c. Page 1 of 1					
d. Generator's Name and Location:					iress.							
USEPA Region 5			USEPA Region 77 West Jacks		-5.1			<u> </u>				
947 West Cullerton St Chicago IL 60608			Chicago, Illino		00							
f. Phone:312-353-9351		•	g. Phone:312									
If owner of the generating facility differs from	om the generator,	provide:										
h. Owner's Name:			i. Owner's Pho	ne No.	T 0-	-6-1	ก. Total	o. Unit				
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	ping Name and	F.	No.	ntainers Type	Quantity	Wt/Vol				
47484242520	2/1/14		is, treated soil	51 5	140.	1,900						
47181312520	2/1/14	non nazardo	10, 1104104 0011		001	DT	18	Yards				
						}						
				¥ .								
				¥.								
				100 100 100								
GENERATOR'S CERTIFICATION: I here		abayo namad mata	vrial ie not a baz	ordone was	e as defin	ed by 40 C	ER 261 or any	applicable				
state law has been proporly described of	laceified and nack	carred and is in pror	er condition for i	transportati	on accordi	nd to applic	able regulation	S, AND, II INS				
wasto is a treatment residue of a previous	sly restricted haza	ardous waste subject	t to the Land Dis	posal Resti	ictions. Ti	сеппу апо ч	varrant that the	waste has				
been treated in accordance with the requ	irements of 40 CF	R 268 and is no lon	ger a hazardous	waste as d	efined by	40 CFR 26	1					
7 2)		夏		1	. / /					
Mr. Jaime Brown				<u> </u>		r. Date	16/2013	2				
p. Generator Authorized Agent Name (Pr	int)	q. Signature		Alexan He		1. Date						
II. TRANSPORTER (Gene	erator complet	es lia-b and Tra	nsporter com	ipietes iic	-e)		. 1					
a. Transporter's Name and Address:					,	ا سا سر کاس	k #176)				
Z Force Transportation, Inc.						1100	K 1/0	1				
700 E. Joe Orr Road Chicago Heights, IL 60411						•						
Cincago rieignis, iz 00-11												
b. Phone: 630 243-8860	<u> </u>			<u> </u>								
MY 5 DOCKA	5水 1 ハ	-0./ \	· lime			Q /	1 20 C	7				
c. Driver Name (Print)	(d. S/d	inature			e. Date		9/001	<i></i>				
III. DESTINATION (General			ation Site co	mpletes I	lld-q)	7						
a. Disposal Facility and Site Address:	ator complete	c. US EPA Nu		epancy Indi	cation Spa	ace:						
Newton County Landfill		56-05	NA		,		110)/				
2266 E. 500 South							110/1/5	<				
Brook, IN 47922							TWU	<i>,</i> *				
b. Phone: 219.394.7222 or 7221 I herby certify that the above named materials of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t			et of my knowle	doe the fore	agoing is t	rue an ch acc	urate s					
I herby certify that the above named man	eriai nas been ac	cepted and to the be	St of my knowie	uge the fore	-	7 ,	カース					
						<u> </u>						
e. Name of Authorized Agent (Print)		nature			g. Dat	<u>e </u>						
IV. ASBESTOS (Generato	r completes I\	/a-f and Operato	o r comple te í	√g-i)								
a. Operator's Name and Address:			c. Responsibl	e Agency N	lame and	Address:						
Not Applicable			Not Applicabl	e								
,,,				4								
			d. Phone:									
b. Phone: e. Special Handling Instructions and Add	ditional Information	u,	j d. i nolle.									
e. Special riandling instructions and Ad-	digorial finormaco			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
				<u> </u>								
f. Friable Non-Friable Bo	oth %	Friable	% Non-Friab	le 💮 💮				ninning name				
THE PROPERTY OF THE PARTY OF TH	by declare that th	e contents of this co	nsignment are fo	ully and acc	urately de	scribed abo	ove by proper si n applicable int	mpping name emational and				
and are classified, packed, marked and	labeled and are in	n all respects in prop	er condition for	панароп оу	mynway	according t	o approduce ne	orranginal alla				
national governmental regulations.				- <u>/ </u>								
				1								
g. Operator's Name and Title (Print)	h. Si	gnature			i. Date	9	had a star -1	olition or				
*Operator refers to the company which	owns, leases, ope	erates, controls, or si	upervises the fac	cility being o	iemolishe	or renovat	ieu, or the dem	Olidon Ol				
renovation operation or both				137								



 GENERATOR (Generate 	or completes	ıa-r)	and Musechan 18		c. Page	1 of	
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	NH-57	A 22	c. rage	1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St			e. Generator's Mailir USEPA Region 5 77 West Jackson Blo	id SE-5J			
Chicago IL 60608			Chicago, Illinois 606	04 351			
f. Phone:312-353-9351	om the generate	vr. provide:	g. Phone:312 353-93	301 :			
If owner of the generating facility differs fi	rom the generato	or, provide.	i, Owner's Phone No)			
h. Owner's Name: i. Waste Profile #	k. Exp. Date	I, Waste Ship	ping Name and	m. Co	ntainers	n. Total	o. Unit
j. Waste Prome #	7.0 = 27 2 2 2	Description		No.	Туре	Quantity	Wt/Vol
47181312520	2/1/14	non hazardo	us, treated soil	001	DΤ	18	Yards
				to o defi	and by 40 (CER 261 or any	annlicable
GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste is a treatment residue of a previous been treated in accordance with the requirement.	classified and pa	ackageo, ano is in pro	t to the Land Disnosal	Restrictions.	certify and	warrant that the	ns; AND, if this e waste has
1 0		1 12		1	81-	7/2013	
Jaime Orown		000	<u> </u>		r. Date		
Ownerstar Authorized Agent Name (F	Print)	q. Signature	nenator complete	os IIc.e)	T. Date	<u> </u>	
II. TRANSPORTER (Ger	nerator compl	etes lia-b and Tra	insporter complete	35 110-0)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411					Linche 3	* 173 1	-7 /
b. Phone: 630 243-8860	- ^	MI / 1			8/7/	2013	
c. Driver Name (Print)	7 d. S	Signature		e. Dat		2015	
	rator complete	e Illa-c and Desti	nation Site comple	tes IIId-g)			
III. DESTINATION (Gene	rator complete	c. US EPA N	ımber d. Discrepan	cy Indication Sp	ace:	po.	
a. Disposal Facility and Site Address: Newton County Landfill		56-05	NA	1	10/	~ /	
2266 E. 500 South				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1,11		
Brook, IN 47922			Sept.	age of many and a second		7	
b. Phone: 219.394.7222 or 7221 I herby certify that the above named m	atorial has been	accepted and to the b	est of my knowledge t	he foregoing is	true and a	ccurate.	~")
т петру сетну тлат тле авоче нашести	acona, mao boom		And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	Marine Marine	- fland)
		A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	g. Da	The construction of the second		
e. Name of Authorized Agent (Print)	f. S	Signature					
IV. ASBESTOS (General	tor completes	IVa-t and Operal	or complete lvg-l)		Address		
a. Operator's Name and Address: Not Applicable			c. Responsible Age Not Applicable	ency marrie and	Audiess:		
b. Phone:			d. Phone:	* :			
e. Special Handling Instructions and A	dditional Informa	ation:					
1	Both	% Friable	% Non-Friable	nd accurately d	escribed al	pove by proper	shipping name
f. Friable Non-Friable L E OPERATOR'S CERTIFICATION: I he and are classified, packed, marked an national governmental regulations.	reby declare that id labeled and an	t the contents of this or re in all respects in pro	onsignment are fully a oper condition for trans	port by highway	according	to applicable in	nternational and
					10		
g. Operator's Name and Title (Print)	h.	Signature	numaniana tha Galifica	i. Da	ed or renov	rated, or the de	molition or
*Operator refers to the company whic	h owns, leases, o	operates, controls, or	supervises the facility	១៩៣៨ ជមហេសនេក	ed OLIGIOV	acou, or the de	
renovation operation or both			<u></u> }\				



If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} asbestos waste, complete Sections I, II and III

DAVES 9902

I. GENERATOR (General	tor completes				o Doo-	1 of		
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	NH - (_ (c. Page 1 of				
d. Generator's Name and Location:			e. Generator's Mailing USEPA Region 5	g Address:				
USEPA Region 5			77 West Jackson Blv	d SF-5J			1	
947 West Cullerton St Chicago IL 60608			Chicago, Illinois 6060					
f. Phone:312-353-9351	,		g. Phone:312 353-93					
If owner of the generating facility differs	from the generato	эг, provide:						
h. Owner's Name:			i. Owner's Phone No.			l - Tatal	a 11nit	
j. Waste Profile #	k. Exp. Date	,	ping Name and	M. Gor	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
15101010500	2/1/14	Description	us, treated soil	ING.	Type	Quantity	11010	
47181312520	2/1/14	non nazardo.	us, dealed son	001	DT	18	Yards	
					-	 		
	:				1			
		*.						
				•				
GENERATOR'S CERTIFICATION: The	ereby certify that t	the above named mate	erial is not a hazardous	waste as define	ed by 40 C	FR 261 or any	applicable	
state law has been properly described.	. classified and pa	ackaged, and is in prop	per condition for transpo	ortation accordii	ng to appli	cable regulation	is; AND, it this	
waste is a freatment residue of a previous	ousiv restricted ha	zardous waste subjec	t to the Land Disposal f	Restrictions. To	ertify and	warrant that the	waste has	
been treated in accordance with the rec	quirements of 40 (CFR 268 and is no lon	ger a hazardous waste	as defined by 4	T CFR 26	11.		
Wiene Brass	•	A 13			8	17/2013		
Count by Sand Agent Name (Drint)	g. Signature			r. Date	11/200		
p. Generator Authorized Agent Name (II. TRANSPORTER (Ge	nerator compl		nenorter completes	s llc-e)	1			
II. TRANSPORTER (Ge a. Transporter's Name and Address:	Herator comple	CICS Ha-D allu 11a	moportor complete.	C 110 C/				
Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			T	ruck#gg	02/3	004		
b. Phone: 630 243-8860		0///			, ,			
c. Driver Name (Print)	√ 5	Christycky ?	Mays	e. Date		2013		
III. DESTINATION (Gene			ation Site complete	es IIId-a)			2	
a. Disposal Facility and Site Address:	Tator complete	c. US EPA Nu		Indication Spa	ce:	TY	<u> </u>	
A. Disposal Facility and Site Address. Newton County Landfill		56-05	NA	, ,,,,,одаон ора	TA	79V		
2266 E. 500 South			A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR		1//	′ / 6		
Brook, IN 47922					66			
b. Phone: 219.394.7222 or 7221 I herby certify that the above named m	atarial has been	accepted and to the ho	set introv knowledge the	foregoing is to	ie and ac	lurate /		
i neroy certify that the above named m	aterial has been a	accepted and to the be	SCOLUMN TRIOMICAGE THE	z roregonig is tri		1//)	
					0_	11'/		
e. Name of Authorized Agent (Print)	f. S	ignature		g. Date				
IV. ASBESTOS (General	tor completes	IVa-f and Operato	or complete l V g-i)	•				
a. Operator's Name and Address:			c. Responsible Agen	cy Name and A	ddress:			
Not Applicable			Not Applicable					
. Division of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con			d Phono:		,			
b. Phone: e. Special Handling Instructions and A	dditional Informat	rion:	d. Phone:					
e. Special Handling Instructions and A	aumonas miorinat	,1O11.						
f. Friable Non-Friable E	3oth ^c	% Friable	% Non-Friable	(ا د داند	wa bu ara = : !	ninning name	
OPERATOR'S CERTIFICATION: I her	reby declare that f	the contents of this co	nsignment are fully and	l accurately des	cribed abo	ove by proper sl	nipping name emational and	
and are classified, packed, marked an	id labeled and are	in all respects in prop	er condition for transpo	як руніцпway a	scorung t	o applicable siti	omanorial and	
national governmental regulations.								
	I)				
g. Operator's Name and Title (Print)	h. S	Signature		i. Date				
g. Operator's Name and Title (Print) *Operator refers to the company which renovation operation or both	h. S	Signature perates, controls, or su	upervises the facility be		or renova	ted, or the dem	olition or	



	DI COMPRETES	ia-i)				c. Page 1	l∩f	
GENERATOR (Generator Generator's US EPA ID Number		b. Manifest Docu	NH - 60					
ILR 000 177 592			NH -	GU	dreec.	<u> </u>		
Generator's Name and Location: EPA Region 5 7 West Cullerton St icago IL 60608			USEPA F 77 West Chicago,	ator's Mailing Add Region 5 Jackson Blvd SE Illinois 60604 ::312 353-9351				
Phone:312-353-9351 owner of the generating facility differs f	rom the generat	tor, provide:						
owner of the generating racility differs t	TOTT GIO STATE			- Dhana No				
Owner's Name:				's Phone No.:	m Co	ntainers	n. Total	o. Unit
Waste Profile #	k. Exp. Date		ipping Name	anu	No.	Type	Quantity	Wt/Vol
VVasie i iomo »		Description	ous, treated	soil				363-
7181312520	2/1/14	non nazaru	ous, neacea	3011	001	DT	18	Yards
, 12,72								1
							 	
						į		
							_	
								_
		ļ						•
								, annlicable
GENERATOR'S CERTIFICATION: I he state law, has been properly described waste is a treatment residue of a previous control of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of the residue of t								ns; AND, if this e waste has
state law, has been properly dead waste is a treatment residue of a previous been treated in accordance with the re-	quirements of 40	OCFR 268 and is no	onger a haz	ardous waste as	delined by	1 0	1/	
peert deated in doco,			2			8	17/17	
Dime Brown		JOE 1 2			··· ··· ··-	r. Date	e / '	
p. Generator Authorized Agent Name ((Print)	q. Signature	rancoato	r completes II	lc-e)			
p. Generator Authorized Agent Name (II. TRANSPORTER (Ge	enerator com	pletes lia-b and i	Tansporte	i completee ii				··-
a. Transporter's Name and Address: Z Force Transportation, Inc.				1	(6 1 I	154	1 T-55	
700 E. Joe Orr Road Chicago Heights, IL 60411				Fr	95N	6/	,	
700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860	d	1	2 1	Fro	2SN	5/	/ T-55	
Chicago Heights, IL 60411 b. Phone: 630 243-8860	•	Signatura V	3 W	Fro	CSN e. Da			
Chicago Heights, IL 60411 b. Phone: 630 243-8860	d	i. Signature	S.M.		e. Da			
b. Phone: 630 243-8860 c. Driver Name (Print) III. DESTINATION (General Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control	erator comple	ete Illa-c and Des	Stination S	ite completes	e. Da	te		
b. Phone: 630 243-8860 c. Driver Name (Print) III. DESTINATION (General Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control	erator comple	ete Illa-c and Des	MUNITOR	lite completes	e. Da	te	7100	
c. Driver Name (Print) III. DESTINATION (General Disposal Facility and Site Address: Newton County Landfill	erator comple	ete Illa-c and Des	MUNITOR	ite completes	e. Da	te	2004	
c. Driver Name (Print) III. DESTINATION (General Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South	erator comple	ete Illa-c and Des	MUNITOR	lite completes	e. Da	te	2004	
c. Driver Name (Print) B. DESTINATION (General Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook IN 47922	erator comple	ete IIIa-c and Det c. US EPA 56-05	Number	ite completes d. Discrepancy Ir NA	e. Da s IIId-g) ndication S	pace:	707	
c. Driver Name (Print) III. DESTINATION (General Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Proof. IN 47922	erator comple	ete IIIa-c and Det c. US EPA 56-05	Number	ite completes d. Discrepancy Ir NA	e. Da s IIId-g) ndication S	pace:	707	
c. Driver Name (Print) III. DESTINATION (General Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South	erator comple	ete IIIa-c and Det c. US EPA 56-05	Number	ite completes d. Discrepancy Ir NA	e. Da s IIId-g) ndication S	pace:	707	
c. Driver Name (Print) III. DESTINATION (General Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Proof. IN 47922	erator comple	c. US EPA 56-05 en accepted and to the	Number	ite completes d. Discrepancy Ir NA	e. Da ; IIId-g) ndication S oregoing is	pace:	707	
c. Driver Name (Print) III. DESTINATION (Genal Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named in the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prop	erator comple	c. US EPA 56-05 en accepted and to the	e best of my	ite completes d. Discrepancy Ir NA Rrowledge the fo	e. Da s IIId-g) ndication S	pace:	707	
chicago Heights, IL 60411 b. Phone: 630 243-8860 c. Driver Name (Print) III. DESTINATION (Genal Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	erator comple	c. US EPA 56-05 en accepted and to the	e best of my	ite completes d. Discrepancy Ir NA Rrowledge the fo	e. Da ; IIId-g) ndication S oregoing is g. D	pace:	acculate	
c. Driver Name (Print) B. Phone: 630 243-8860 c. Driver Name (Print) B. DESTINATION (Genality and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named in the source of Authorized Agent (Print) IV. ASBESTOS (Generality 19.394.722)	erator comple	c. US EPA 56-05 en accepted and to the	e best of my	ite completes d. Discrepancy In NA Knowledge the for Diete IVg-i) sponsible Agency	e. Da ; IIId-g) ndication S oregoing is g. D	pace:	acculate	
chicago Heights, IL 60411 b. Phone: 630 243-8860 c. Driver Name (Print) III. DESTINATION (Genal Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	erator comple	c. US EPA 56-05 en accepted and to the	e best of my	ite completes d. Discrepancy Ir NA Rrowledge the fo	e. Da ; IIId-g) ndication S oregoing is g. D	pace:	acculate	
c. Driver Name (Print) III. DESTINATION (General Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named e. Name of Authorized Agent (Print) IV. ASBESTOS (General Description of Authorized Agent (Print) a. Operator's Name and Address:	erator comple	c. US EPA 56-05 en accepted and to the	e best of my rator com c. Re:	knowledge the for collete IVg-i) sponsible Agency pplicable	e. Da ; IIId-g) ndication S oregoing is g. D	pace:	acculate	
c. Driver Name (Print) B. Phone: 630 243-8860 c. Driver Name (Print) III. DESTINATION (General Control of the County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named in the County Landfill 2266 E. South 219.394.7222 or 7221 I herby certify that the above named in the County Landfill 2266 E. South 219.394.7222 or 7221 I herby certify that the above named in the County Landfill 2266 E. Name of Authorized Agent (Print) IV. ASBESTOS (General Agent Agent (Print) IV. ASBESTOS (General Agent Agent Agent (Print) IV. ASBESTOS (General Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agent Agen	material has bee	c. US EPA 56-05 en accepted and to the f. Signature es IVa-f and Ope	e best of my	knowledge the for collete IVg-i) sponsible Agency pplicable	e. Da ; IIId-g) ndication S oregoing is g. D	pace:	acculate	
c. Driver Name (Print) III. DESTINATION (Genal) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named in the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of the south service of th	material has bee	c. US EPA 56-05 en accepted and to the f. Signature es IVa-f and Ope	e best of my rator comp c. Rec Not A	knowledge the foliate IVg-i) sponsible Agency pplicable one:	e. Da ; IIId-g) ndication S oregoing is g. D	pace:	acculate	
c. Driver Name (Print) B. Phone: 630 243-8860 c. Driver Name (Print) B. DESTINATION (General Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	material has bee ator complete	c. US EPA 56-05 en accepted and to the f. Signature es IVa-f and Ope mation:	e best of my rator com c. Rei Not A d. Ph	knowledge the foliate IVg-i) sponsible Agency pplicable one:	e. Da s IIId-g) ndication S oregoing is g. D. y Name and	pace: troe and a ate d Address:	acculate:	r shinning nam
c. Driver Name (Print) III. DESTINATION (General Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named in the certify that the above named in the certify that the above named in the certify that the above named in the certify that the above named in the certify that the above named in the certify that the above named in the certify that the above named in the certify that the above named in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certification in the certifi	material has bee ator complete	c. US EPA 56-05 en accepted and to the f. Signature es IVa-f and Ope mation:	e best of my rator com c. Rei Not A d. Ph	knowledge the foliate IVg-i) sponsible Agency pplicable one:	e. Da s IIId-g) ndication S oregoing is g. D. y Name and	pace: troe and a ate d Address:	acculate:	r shinning nam
c. Driver Name (Print) B. Phone: 630 243-8860 c. Driver Name (Print) B. DESTINATION (General Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	material has bee ator complete	c. US EPA 56-05 en accepted and to the f. Signature es IVa-f and Ope mation:	e best of my rator com c. Rei Not A d. Ph	knowledge the foliate IVg-i) sponsible Agency pplicable one:	e. Da s IIId-g) ndication S oregoing is g. D. y Name and	pace: troe and a ate d Address:	acculate:	r shinning nam
Chicago Heights, IL 60411 b. Phone: 630 243-8860 c. Driver Name (Print) III. DESTINATION (Genal and Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named in the end of Authorized Agent (Print) IV. ASBESTOS (General and Address: Not Applicable b. Phone: e. Special Handling Instructions and f. Friable Non-Friable OPERATOR'S CERTIFICATION: It and are classified, packed, marked	material has been ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ator completed ato	c. US EPA 56-05 en accepted and to the f. Signature es IVa-f and Ope mation: % Friable that the contents of the d are in all respects in	e best of my rator com c. Re Not A d. Ph	knowledge the for the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the local policy of the loca	e. Da Illd-g) Indication S oregoing is g. D. y Name and	pace: troe and atte described ay according	above by prope	r shipping nan



If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} asbestos waste, complete Sections I, II and III

Truck 623/6

GENERATOR (Generat Generator's US EPA ID Number ILR 000 177 592		b. Manifest Doo	NH - (62		c. Page	1 ot		
Generator's Name and Location: SEPA Region 5 7 West Cullerton St nicago IL 60608 Phone:312-353-9351		<u> </u>	USEPA Re 77 West Ja Chicago, II	or's Mailing Ado gion 5 ackson Blvd SE linois 60604 a12 353-9351					
owner of the generating facility differs	from the genera	ator, provide:							
			i. Owner's	Phone No.:				11074	
Owner's Name: Waste Profile #	k. Exp. Date	l. Waste S	hipping Name a	and		tainers	n. Total Quantity	o. Unit Wt/Vol	
Waste Frome #		Description	n dous, treated se	sil .	No.	Туре	Quarity		
7181312520	2/1/14	non naza	dous, healed si		001	DT	18	Yards	
								annicable	
GENERATOR'S CERTIFICATION: I h state law, has been properly described waste is a treatment residue of a previ been treated in accordance with the re	, classineu anu	packaged, and is in	pioet to the Lane	i Disposal Resi	trictions. To	certify and	warrant that the	ns, AND, if this e waste has	
Jaime Brown	:					r. Date	102/201	>	
m / A (I) - i - al Amont Nomo	(Print)	q. Signature		Intro II		r. Date			
p. Generator Authorized Agent Name II. TRANSPORTER (Ge	nerator con	pletes lia-b and	Transporter	completes ii	<u>c-e)</u>		. 10		
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411	·	11	7			ZF	623		
b. Phoge: 630 243-8860			1						
Michael C. BIB	CAU Y	d. Signature			8 7 e. Date	13			
c. Driver Name (Print) III. DESTINATION (General Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C	erator comp	lete Illa-c and De	stination Site	completes	IIId-g)				
Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook IN 47922	/	c. US EP/ 56-05	Number d. NA	Discrepancy in	dication Sp	ace:			
b. Phone: 219.394.7222 or 7221 I herby certify that the above named r	naterial has be	en accepted and to t	ne best of my kr	nowledge the fo	regoing is t	rue and a	ccurate.		
		E Cinatina			g. Dat	e			
e. Name of Authorized Agent (Print) IV. ASBESTOS (General)		f. Signature	rator comple	te IVa-i)	1				
a. Operator's Name and Address:	ator complet	es Iva-i and Ope	c. Respo	onsible Agency	Name and	Address:			
Not Applicable									
b. Phone:	0 1 (5)		d. Phon	e:				<u></u>	
e. Special Handling Instructions and	Additional Intol	mation.							
f. Friable Non-Friable	Both	% Friable	% N on-	Friable		ooribad a	have by proper	shipping nam	
f. Friable Non-Friable OPERATOR'S CERTIFICATION: It and are classified, packed, marked a national governmental regulations.	ereby declare t and labeled and	that the contents of the dare in all respects in	nis consignment n proper condition	are fully and a in for transport	by highway	according	to applicable i	nternational at	
пацопан доченние пат тедиалого.									
g. Operator's Name and Title (Print) *Operator refers to the company wh		h. Signature			i. Da	te			



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

Truck 2006/69

I. GENERATOR (Generate	or completes la-r	·)					
a. Generator's US EPA ID Number	b	. Manifest Docum	nent Number NH - 63	,	c. Page	1 of 1	
ILR 000 177 592			NH - ()				
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing USEPA Region 5 77 West Jackson Blvd Chicago, Illinois 60604 g. Phone:312 353-935	SE-5J			
If owner of the generating facility differs fr	om the generator, pr	rovide:					
			i. Owner's Phone No.:				
h. Owner's Name:	k. Exp. Date	I Waste Shir	ping Name and	m. Co	ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	Description	pang reamo and	No.	Туре	Quantity	Wt∕Vol
47181312520	2/1/14	non hazardo	us, treated soil				
47 10 10 12020				001	DT	18	Yards
							1
	1 27 11 1 1 1 1 1		arial is not a hazardana u	vacte as defin	od by 40 C	ER 261 or any	anplicable
GENERATOR'S CERTIFICATION: I her state law, has been properly described, of waste is a treatment residue of a previou been treated in accordance with the requ	stassified and packag sty restricted hazard	ged, and is in proj lous waste subied	per condition for transport to the Land Disposal R	tation according	ng to appli certify and	warrant that the	15, AND, 11 1115
been treated in accordance with the requ	Incincing of 40 Gi it	200 4114 10 110 1	<u></u>		0/		
Gime Brown					9	7/2013	
p. Generator Authorized Agent Name (P		Signature			r. Date	<u> </u>	·
II. TRANSPORTER (Gen	erator completes	s IIa-b and Tra	insporter completes	IIc-e)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			,				
b. Phone: 630 243-8860		1/2//	/	01	7	-	
f los koons	X /	-10 CHC	م م ا	8/	7/201	<u> フ</u>	
c. Driver Name (Print)	d. Şigna	Ture /	3 h	e, Date	,1		
III. DESTINATION (General	ator complete III	a-c and Destir	ation Site complete	s I IId-g)			
a. Disposal Facility and Site Address:		c. US EPA Nu			ace:		,
Newton County Landfill		56-05	NA				0
2266 E. 500 South					Action and the second	<u> </u>	4
Brook, IN 47922				General and State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State	مسسب	•	1
b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	torial has been seen	ntodend to the h	est of my knowledge the	foregoing is to	ue and ac	Eurate	
I herby certify that the above flamed ma	lettai tias peen acce	pted/and to the b	sac of thy knowledge the	l l		71,2	
			home can properly by the designation of the same			_///	
e. Name of Authorized Agent (Print)	f. Signa	iture	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	g. Date	<u> </u>		
IV. ASBESTOS (Generato	r completes IVa	-f and Operato	or compléte IVg-i)				
a. Operator's Name and Address:	•		c. Responsible Agenc	y Name and	Address:		
Not Applicable			Not Applicable				
b. Phone:			d. Phone:				
e. Special Handling Instructions and Ad	ditional Information:		10.110.10.				
e. Special Handling Half Colonia and Ad							
					O/AT W		
f. Friable Non-Friable Bo	oth %Fi	riable	% Non-Friable	anaurataly da	ecribed ab	ove hy proper el	hinning game
OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	by declare that the	contents of this co	insignment are fully and	accurately de: t by highway:	according t	to applicable into	ernational and
and are classified, packed, marked and	labeled and are in a	an respects in pro	ser condition for nairspor	c by mignway	2000,01119	<u></u>	
national governmental regulations.							
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date	9		- Par'
*Operator refers to the company which	owns, leases, opera	ites, controls, or s	upervises the facility bein	ng demolished	or renova	ted, or the dem	oition or
renovation operation or both							



If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} asbestos waste, complete Sections I, II and III

Fresno Truck#154/155

GENERATOR (Gene	erator completes	s la-r)			c. Page	1 of	
Generator's US EPA ID Number ILR 000 177 59		b. Manifest Docur	NH-6/		C. Page	1	
Generator's Name and Location: SEPA Region 5 7 West Cullerton St ucago IL 60608 Phone:312-353-9351	·		e. Generator's Mailing A USEPA Region 5 77 West Jackson Blvd S Chicago, Illinois 60604 g. Phone:312 353-9351	SE-5J			
owner of the generating facility dif	fers from the genera	tor, provide:	N. S. S. S. S. S. S. S. S. S. S. S. S. S.				
Owner's Name:		(Ch	i. Owner's Phone No.:	m Co	ntainers	n. Total	o. Unit
Waste Profile #	k. Exp. Date	l, vvaste Sn Description	ipping Name and	No.	Type	Quantity	Wt/Vol
181312520	2/1/14		ous, treated soil	001	DT	18	Yards
SENERATOR'S CERTIFICATION tate law, has been properly descrives to a treatment residue of a proper is a treatment residue of a proper is a treatment residue.	ibed, classified and	packaged, and io in pr	est to the Land Disposal Re	estrictions. I	certify and	i warrant that th	applicable ns; AND, if thi e waste has
waste is a treatment residue of a poseen treated in accordance with the	e requirements of 4	0 CFR 268 and is no le	onger a hazardous waste a	s defined by	40 CFR 2	61.	
			12			3/7/13	
Jame Brown	ma (Brint)	q. Signature			r. Date		<u></u>
o. Generator Authorized Agent Na TRANSPORTER	(Cenerator com	pletes IIa-b and T	ransporter completes	Ilc-e)			
700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860	- V	h . (1	7 / 2		8 1	7/3	
c. Driver Name (Print)	· · · · · · · · · · · · · · · · · · ·	Signature	201d	e. Da	te /		
III. DESTINATION (G	Senerator comple	ete Illa-c and Des	tination Site complete	S IIIu-y)	200		
a. Disposal Facility and Site Addr Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA I 56-05	NA	GCI	1		
b. Phone: 219.394.7222 or 7221 Therby certify that the above name	ned material has bee	n accepted and to the	best of my knowledge the	foregoing is	true and a	ccurate	
Thony control and and					5		
	int\ 1	. Signature	y	g. Da	ite		
e. Name of Authorized Agent (Pr	parator complete	es IVa-f and Oper	ator complete IVg-i)				
a. Operator's Name and Address		20,144,14,14	c. Responsible Agend Not Applicable	y Name and	Address:		
Not Applicable							
b. Phone:		Carra	d. Phone:				
e. Special Handling Instructions	and Additional Infoπ	mation:					
f. Friable Non-Friable OPERATOR'S CERTIFICATION and are classified, packed, man	(ed and labeled and	% Friable nat the contents of this are in all respects in p	% Non-Friable consignment are fully and proper condition for transpo	accurately d	lescribed a y accordin	ibove by proper g to applicable i	shipping namenternational ar
national governmental regulatio	ns.						
		h Cinactura		i. Da	ate		
g. Operator's Name and Title (P*Operator refers to the company	rint)	h. Signature	or supervises the facility bei	ng demolish	ed or reno	vated, or the de	molition or
*Operator refers to the company renovation operation or both	y writer owns, leases	s, operates, controls, c		-			



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

DAVES 9902

 GENERATOR (Generate 	or completes la-r	r)				J. C	
a. Generator's US EPA ID Number ILR 000 177 592	t	o. Manifest Docum	NH -68		c. Page	1 of 	<u> </u>
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing USEPA Region 5 77 West Jackson Blvd Chicago, Illinois 60604 g. Phone:312 353-935	SE-5J			
If owner of the generating facility differs fr	rom the generator, p	rovide:					
h. Owner's Name:			i. Owner's Phone No.:			n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	Mo.	ntainers Type	Quantity	Wt/Vol
47181312520	2/1/14		us, treated soil				V
4, 1010 (2020	:			001	DT	18	Yards
	i i						
		i					
				1			
				unata an dofin	od by 40 f	CER 261 or any	applicable
GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste is a treatment residue of a previou	ciassmed and packa	igea, ana is in proj dous waste subjec	t to the Land Discosal R	estrictions.	certify and	warrant that the	
been treated in accordance with the requirement	uirements of 40 CFR	R 268 and is no lor	iger a hazardous waste a	is defined by	40 CFR 26	51.	
shine Brown			4		6	17/13	
p. Generator Authorized Agent Name (F		Signature			r Date		
II. TRANSPORTER (Ger	nerator complete	s IIa-b and Tra	insporter completes	llc-e)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411						/	
b. Phone: 630 243-8860					0.1	<i>t</i>	
Christopher May	d. Sign	hotely ?	NG	e. Date		13	
c. Driver Name (Print) III. DESTINATION (Gener	ator complete III	la-c and Destir	nation Site complete	s IIId-g)		.	
a. Disposal Facility and Site Address:	aco. compress	c. US EPA Nu	mber d. Discrepancy	Indication Sp.	ace:		
Newton County Landfill		56-05	NA Z		177		
2266 E. 500 South Brook, IN 47922					باحتری آ		
h Dhane: 240 204 7222 or 7221				maka Harab		curate	
I herby certify that the above named ma	aterial has been acce	epted and to the b	est orthy knowledge-me	TOTOGODIG 13 C		7-1-1	7
				. 524		J-J	
e. Name of Authorized Agent (Print)	f. Signa		(1-1- N/- i)	g. Dat	e /		
IV. ASBESTOS (Generate	or completes IVa	a-f and Operati	c. Responsible Agend	w Name and	Address:		
a. Operator's Name and Address: Not Applicable			Not Applicable	sy Hame and	Augress.		
			d. Phone:				
b. Phone: e. Special Handling Instructions and Ad	dditional Information	•	d. Fliotie.				<u> </u>
	, , <u>, , , , , , , , , , , , , , , , , </u>		% Non-Friable				
f. Friable Non-Friable B OPERATOR'S CERTIFICATION: I her and are classified, packed, marked and	where designed that the	riable contents of this coall respects in pro	preignment are fully and	accurately de	scribed ab	ove by proper s to applicable in	shipping name ternational and
national governmental regulations.							
g. Operator's Name and Title (Print)	h. Sigi	nature		i. Dat	e		Pe
*Operator refers to the company which	owns, leases, open	ates, controls, or s	supervises the facility bei	ng demolishe	d or renova	ated, or the den	TOIRION OF
renovation operation or both							

REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WAS IE & ASBESTUS MANIFES.

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

Truck # 623/6

 GENERATOR (Generate 	or completes la-r))			- Dogo	1 of	
a. Generator's US EPA ID Number ILR 000 177 592	nent Number c. Page 1 of 1						
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing A USEPA Region 5 77 West Jackson Blvd S Chicago, Illinois 60604 g. Phone:312 353-9351				
If owner of the generating facility differs fr	om the generator, pro	ovide:					
h. Owner's Name:	T	1 1 10f4- Chi	i. Owner's Phone No.:	m Co	ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date		Waste Shipping Name and Description		Туре	Quantity	Wt∕Vol
181312520 2/1/14		non hazardous, treated soil		001	DT	18	Yards
GENERATOR'S CERTIFICATION: I her state law, has been properly described, o							
waste is a treatment residue of a previous been treated in accordance with the requirements.	isiv restricted hazardi	ous waste subjec	i io ine Lano Disposal ne	SUICOOIS. 1	contra y una	Train and Charter	e waste has
Mine Lands			5	8/9/13			
p. Generator Authorized Agent Name (Print) q. Signature			r. Date				
II. TRANSPORTER (Gen	erator completes	la-b and Tra	ansporter completes	llc-e)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860	91 PM	A C			2	= 62	.
c. Driver Name (Print)	d. Signa			e. Date	e		
III. DESTINATION (Gener	ator completé Illa	a ^L c and D esti i	nation Site completes	s IIId-g)			
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 i herby certify that the above named ma		c. US EPA No 56-05	ımber d. Discrepancy li NA	ndication Sp.		25 courate.	
Frieldy Certify that the above harried the		p	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon				1 5
			<u> </u>	g. Dat		>/	
e. Name of Authorized Agent (Print)	f. Signa			/ g. Dat			
IV. ASBESTOS (Generate	or completes IVa	-i and Operat	c. Responsible Agency	/ Name and	Address:		
a. Operator's Name and Address: Not Applicable			Not Applicable	y Name and	Address.		
h Phone:			d. Phone:				
b. Phone: e. Special Handling Instructions and Ad	Iditional Information:						
f. Friable Non-Friable B OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and national governmental regulations.	1 1	riable contents of this c all respects in pro	% Non-Friable onsignment are fully and a per condition for transport	accurately de by highway	escribed at according	pove by propers to applicable in	shipping name ternational and
q. Operator's Name and Title (Print)	h. Sign	ature		i. Dat	le .		101
g. Operator's Name and Title (Print) *Operator refers to the company which renovation operation or both	owns, leases, opera	ites, controls, or s	supervises the facility bein	g demolishe	d or renov	ated, or the den	nolition of



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

Trukt

GENERATOR (Generator's US EPA ID Number ILR 000 177 592	ator completes	b. Manifest Docum	NH - 65		c. Page	1 of 1	
Generator's Name and Location: ISEPA Region 5 47 West Cullerton St hicago IL 60608			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone:312 353-9351				
owner of the generating facility differ	s from the generat	or, provide:	Commerce Dhoma No.				
n. Owner's Name:	k. Exp. Date	I. Waste Shi	i. Owner's Phone No.: pping Name and		ntainers	n. Total	o. Unit Wt/Vol
Waste Profile #		Description		No.	Туре	Quantity	V40 VO!
17181312520	2/1/14 non hazard		ous, treated soil	001	DT	18	Yards
						050 201 2500	annicable
GENERATOR'S CERTIFICATION: state law, has been properly describe waste is a treatment residue of a prebeen treated in accordance with the	ed, classified and p	ackaged, and io in pi	et to the Land Disposal R	estrictions. I	certify and	warrant that th	e waste has
Saime Brown		q. Signature			r. Date	- 1 - 1 - 2	
p. Generator Authorized Agent Nam II. TRANSPORTER (C	e (Print)	d. Signature	ansporter completes	Ilc-e)			
b. Proper Ran 23-666 (CC) c. Driver Name (Print)	15	Jili De Signature	uglis	e. Da	8 / te	7/13	
III. DESTINATION (Ge	nerator comple	ete IIIa-c and Dest	tination Site complete	es IIId-g)		<u> </u>	
a. Disposal Facility and Site Addres Newton County Landfill 2266 E. 500 South Brook, IN 47922	s:	56-05	NA NA	201	9		
b. Phone: 219.394.7222 or 7221 I herby certify that the above name	d material has bee	n accepted and to the	best of my knowledge the	foregoing is	true and a	occurate	1-7-
Therby Certify that the above have			and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	ノ '			<u> </u>
e. Name of Authorized Agent (Prin) f	Signature		g. Da	ale		
IV. ASBESTOS (Gene	erator complete	s IVa-f and Open	ator complete IVg-i)				
a. Operator's Name and Address: Not Applicable		sautry get	c. Responsible Ager Not Applicable	icy Name and	d Address:		
b. Phone: e Special Handling Instructions at	nd Additional Inform	nation:	d. Phone:				A A P
		% Friable	% Non-Friable				
f. Friable Non-Friable OPERATOR'S CERTIFICATION: and are classified, packed, marke national governmental regulations	d and labeled allu			i accurately o ort by highwa	described a y accordin	above by proper g to applicable	r shipping nan international a
g. Operator's Name and Title (Pri *Operator refers to the company)	nt)	h. Signature	or cunencises the facility he	i. D eina demolish	ate ned or rend	vated, or the de	emolition or
*Operator refers to the company renovation operation or both	which owns, leases	s, operates, controls, c	a supervises the racinty of				



	If waste is NOT	[asbestos waste, com	Sections I, II, III and IV plete Sections I, II and II	TNO	北村	73/1-	13
GENERATOR (Generat	or completes	la-r) b. Manifest Docum	ont Number		c. Page		
. Generator's US EPA ID Number ILR 000 177 592		b. Wanifest Docum	NH - (Q (_		L	1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608			e. Generator's Mailing USEPA Region 5 77 West Jackson Blvd Chicago, Illinois 60604 g. Phone:312 353-935	SE-5J			
f. Phone:312-353-9351 If owner of the generating facility differs	from the generate	or, provide:					
			i. Owner's Phone No.:				16.35
h. Owner's Name: j. Waste Profile#	k. Exp. Date		pping Name and	m. Co No.	ntainers Type	п. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	Description non hazardo	us, treated soil			. 18	Yards
47101312320				001	DT	. 10	14.35
GENERATOR'S CERTIFICATION: 1 h							
GENERATOR'S CERTIFICATION: I h state law, has been properly described waste is a treatment residue of a previous been treated in accordance with the residue.	quirements of 40	CFR 268 and is no lo	ct to the Land Disposal R nger a hazardous waste	Restrictions, I as defined by	40 CFR 2	8/7/13	e waste rias
p. Generator Authorized Agent Name (II. TRANSPORTER (Ge	(Print)	q. Signature	anapartor completes	· IIc-e)	1. Dute	<u> </u>	
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860 C. Driver Name (Print)	<u>d</u> .	ALL Signature		e. Da	8 te	17/13	
III. DESTINATION (Gene	erator comple	te Illa-c and Dest	ination Site complete	es IIId-g)			
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA N 56-05	NA Discrepancy	/ Indication of	2		
b. Phone: 219.394.7222 or 7221 I herby certify that the above named r	naterial has beer	accepted and to the	best of my knowledge the	e foregoing is	true and a	ccurate.	,
Harry L.	ي.		And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	}	25	//)
e. Name of Authorized Agent (Print)	f.	Signature		g. D a	ite		
IV. ASBESTOS (General a. Operator's Name and Address:	ator complete	s IVa-f and Opera	c. Responsible Ager Not Applicable	ncy Name and	Address:		
Not Applicable			d. Phone:				
b. Phone: e. Special Handling Instructions and	Additional Inform	nation:	<u> </u>				
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I hand are classified, packed, marked a national governmental regulations.	Both ereby declare the and labeled and a	% Friable at the contents of this are in all respects in pi	% Non-Friable consignment are fully and oper condition for transp	d accurately of ort by highwa	lescribed a y accordin	above by proper g to applicable	shipping name international an
пацина усуениненка геумалона.							
Tallo /Deind)		h. Signature		i. Da	ate	- 1 - 1 - 2 la - 1 -	amolition or
g. Operator's Name and Title (Print) *Operator refers to the company wh renovation operation or both	ich owns, leases	, operates, controls, o	supervises the facility be	eing demolish	ed or rend	ovated, or the de	ernolition of



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

Truck#67 (591

I. GENERATOR (Generator	or complete	:5 1 <i>a-1)</i>		17		T - D	1 nE	
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docu	ment Number NH -	4		c. Page	1 Of 1	
d. Generator's Name and Location:			e. Generator's	Mailing Add	ress:	<u></u>		
USEPA Region 5			USEPA Regio					
947 West Cullerton St			77 West Jacks		5 J			
Chicago IL 60608			Chicago, Illino					
f Phone:312-353-9351			g. Phone:312	353-9351				
If owner of the generating facility differs fr	om the gener	ator, provide:						!
h, Owner's Name:	:		i. Owner's Ph	ne No.				
i. Waste Profile #	k. Exp. Date		ipping Name and	i		ntainers	n. Total	o. Unit
,		Description		<u> </u>	No.	Туре	Quantity	Wŧ∕Vol
47181312520	2/1/14	non hazard	ous, treated soil	14. 15	004	DT	18	Yards
				艳	001	יט	10	Faius
				·		1		
	<u> </u>			11 15		-		
	1			120 m 813 813				
	· ·							
				- 62 - 62 - 63				
		·					1	
					1-6:-	-d by 40 C	ED 261 or onv	applicable
GENERATOR'S CERTIFICATION: I her	eby certify that	at the above named ma	aterial is not a naz	ardous wasu	e as ueilli n accordi	na ta sani	cable regulation	as AND if this
state law, has been properly described, of waste is a treatment residue of a previou	classified and	packaged, and is in pi	oper condition for	nansportano enosal Restri	ctions L	certify and	warrant that the	waste has
waste is a treatment residue of a previou been treated in accordance with the requ	siy restricted	nazardous waste subje A CER 268 and is no lo	onger a bazardous	waste as de	efined by	40 CFR 26	1. ,	
been treated in accordance with the requ	memento or 4	1				0		
Jaime Brown		1 A		- 3		81	7/2013	
p. Generator Authorized Agent Name (P	rint)	g. Signature				r. Date		
	orator com		ansporter con	ndetes lic	·e)		•	
	erator com	pictes na b and m	anoportor don	34 34				
a. Transporter's Name and Address: Z Force Transportation, Inc.	•							
700 E. Joe Orr Road								
Chicago Heights, IL 60411								
Officego Fielgines, in 30 //		α	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	3				
b. Phone: 630 243-8860				3.	···	~-	 	
and the second	for a			>	1	ו רוס	2017	
THIONS GATET		. Signature			e. Date	-1 1		
c. Drwer Name (Print)								
III. DESTINATION (General	ator comple		ination Site co	inbierez iii	iu-y)			···
a. Disposal Facility and Site Address:		c. US EPA N		repancy Indic	ation Spa	ace:		
Newton County Landfill		56-05	NA	A promise	Andrew Spranter	· I		
2266 E. 500 South			İ	11	4)			
Brook, IN 47922 b. Phone: 219.394.7222 or 7221				September 1	A E WAR			
I herby certify that the above named mar	terial has bee	n accepted and to the l	best of my knowle	de the fore	going is to	ue,and ac	curate.	
Therby certary that the above married the							-/-	5
	İ		/					<u>/</u>
e. Name of Authorized Agent (Print)	f	. Signature	1		g. Date	<u> </u>		
IV. ASBESTOS (Generato	r complete	s IVa-f and Opera	tor complete l'	√g-i)				
a. Operator's Name and Address:			c. Responsib	le Agency Na	me and	Address:		
Not Applicable			Not Applicable					
1401 Applicable								
b. Phone:			d. Phone:					
e. Special Handling Instructions and Ad	ditional Inform	nation:		¥				
				\$ E				
	0-	0/ Evichia	% Non-Friab	ام				
f. Friable Non-Friable Bo	otn	% Friable	70 NUR-F118D	ulist and con-	rately do	scribad ab	ove hy proper s	hipping name
OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	by declare th	at the contents of this o	onsignment are t	uny and acct transport by	natety ue: highway :	according t	o applicable int	ernational and
and are classified, packed, marked and	labeled and a	are in an respects in pro	SPECICIONAL IO	admoport by				
national governmental regulations.								
g. Operator's Name and Title (Print)		h. Signature		N	i. Date			
*Operator refers to the company which	owns, leases.	, operates, controls, or	supervises the fa	cility being de	emolished	i or renova	ted, or the dem	olition or
renovation operation or both								



If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} asbestos waste, complete Sections I, II and III

GENERATOR (Generator's US EPA ID Numbe ILR 000 177 (nerator completes la- r 592	b. Manifest Docun	NH - /O	,	c. Page	1	M. M. M. M. M. M. M. M. M. M. M. M. M. M
Generator's Name and Location SEPA Region 5 47 West Cullerton St hicago IL 60608 Phone:312-353-9351			e. Generator's Mailing USEPA Region 5 77 West Jackson Blvd Chicago, Illinois 60604 g. Phone:312 353-935	SE-5J			
owner of the generating facility	differs from the generator,	provide:					
Oumaria Namo:			i. Owner's Phone No.:		1 - 7	n. Total	o. Unit
n. Owner's Name: . Waste Profile #	k. Exp. Date		oping Name and	M. Co	ntainers Type	Quantity	Wt/Vol
vadio i joine ii		Description	us, treated soil	NO.	1,750		
7181312520	2/1/14	non nazarde	us, treated son	001	DT	18	Yards
GENERATOR'S CERTIFICATIOn state law, has been properly des	ON: I hereby certify that the scribed, classified and pack	e above named ma kaged, and is in pro	terial is not a hazardous	waste as defir	ned by 40 ing to app	CFR 261 or any licable regulation	applicable ins; AND, if thi e waste has
state law, has been properly des waste is a treatment residue of a been treated in accordance with	a previously restricted haza	ardous waste subje	ct to the Land Disposal F Inger a hazardous waste	as defined by	40 CFR 2	61.	
been treated in accordance with	the requirements of 40 Cr	7 200 atia is no id				9/7/12	
Jaime Brown		-			r. Date	0/1/15	
المستنبانية بالمصاح	Name (Print)	q. Signature		. 11>	I. Date		
II. TRANSPORTER	(Generator complete	tes IIa-b and Tr	ansporter completes	s nc-e)			
a. Transporter's Name and Add Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411			/				
b. Phone: 630 243-8860		(601)	<i>a</i>		8/	7/13	
. JOEKAZI	OK TIE	XIOUT.	9 0	e. Dat	te /	111	
c. Driver Name (Print)	(Generator complete	grature The St	ination Site complet	es IIId-g)			
III. DESTINATION	(Generator complete	c. US EPA N	lumber d. Discrepancy	Indication St	ace:	1	
a. Disposal Facility and Site Ac Newton County Landfill	ldress:	56-05	NA /	7/7	121	/	
2266 E. 500 South				4 4	- 7(
Brook, IN 47922 b. Phone: 219.394.7222 or 722	21				1	nourate	
b. Phone: 219.394.7222 or 722 I herby certify that the above n	amed material has been a	ccepted and to the	best of my knowledge the	e foregoing is	true auto a	ccurate.	7
			- Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comm				
e. Name of Authorized Agent (Print) f. Sic	gnature		g. Da	ite		
e. Name of Authorized Agent	Generator completes l'	Va-f and Opera	ntor complete IVg-i)				
IV. ASBESTOS (G	ee.		C. Responsible Agei	ncy Name and	Address:		
a. Operator's Name and Address Not Applicable			Not Applicable				
			d. Phone:				
b. Phone: e. Special Handling Instruction	es and Additional Informati	ion:	d. Flione.				
e. Special Handling Instruction	and reduction the control						
	. Cl Both	% Friable	% Non-Friable				1
f. Friable Non-Friable OPERATOR'S CERTIFICATI and are classified, packed, m	ON: I hereby declare that tarked and labeled and are		consignment are fully an roper condition for transp	d accurately d ort by highwa	lescribed a y accordin	above by proper g to applicable	international a
national governmental regula	tions.						
				i. Da	ate		,
g Operator's Name and Title "Operator refers to the compa	(Print) h. S	Signature	r cunantiese the facility h	i. ن eine demolish	ed or reno	vated, or the de	emolition or
*Operator refers to the comportence renovation operation or both	any which owns, leases, of	perates, controls, o	, auptivides the rusting b				



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

Truck# 12/1-62

I. GENERATOR (Generato	r completes I	a-r)			- Daga	1 of	
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	NH-71		c. Page	1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing Ad USEPA Region 5 77 West Jackson Blvd S Chicago, Illinois 60604 g. Phone:312 353-9351				
If owner of the generating facility differs from	om the generato	r, provide:					
h. Owner's Name:		1 ()) () () () ()	i. Owner's Phone No.:	m Co	ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	Description	oping Name and	No.	Туре	Quantity	Wt/Vol
47181312520			us, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: I here	eby certify that t	he above named ma	terial is not a hazardous wa	ste as defin	ed by 40 (CFR 261 or any	applicable
state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requ	lassified and pa	ckaged, and is in pro	et to the Land Disnosal Res	strictions.	certify and	warrant that the	
p. Generator Authorized Agent Name (Pr	rint)	g. Signature			r, Date		
II. TRANSPORTER (Gene	erator comple	etes IIa-b and Tr	ansporter completes I	lc-e)			
Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860 c. Driver Name (Pirifit)		Agnature	ey (cs	e. Dat	8/8/i	3	
III. DESTINATION (General	ator complete	e IIIa-c and Desti	nation Site completes	Illd-g)			
a. Disposal Facility and Site Address: Newton County Landfill' 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma		c. US EPA N 56-05	umber d. Discrepancy Ir	idication Sp	in the second second	Scurate.	C
I herby certify that the above named ma	itenai nas been	accepted and to the	ocot or my knowledge spie				
			1/		6	VIKIL	2
						2/2/I	
e. Name of Authorized Agent (Print)		Signature		g. Dai		\$1811	
IV. ASBESTOS (Generato			tor complete (Vg-i)	g. Dat	te	SEV.	
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable				g. Dat	te	\$1811	
IV. ASBESTOS (Generatoral Address:	or completes	IVa-f and Opera	tor complete (Vg-i)	g. Dat	te	\$1811	
IV. ASBESTOS (Generatoral Address: Not Applicable	or completes Iditional Informa	IVa-f and Opera	c. Responsible Agency Not Applicable d. Phone:	g. Date and	Address:	pove by proper	shipping name nternational and
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: f. Friable Non-Friable BOPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	or completes dditional Informa oth eby declare that is labeled and are	tion: % Friable the contents of this e e in all respects in pr	tor complete (Vg-i) c. Responsible Agency Not Applicable d. Phone: % Non-Friable consignment are fully and a oper condition for transport	g. Date of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the	Address: escribed al according	pove by proper to applicable in	



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

Truck# 173 / T-73

I. GENERATOR (Generator com	pletes la-r)			· · · · · · · · · · · · · · · · · · ·		
a. Generator's US EPA ID Number ILR 000 177 592	b. Manifest Do	ocument Number NH - 72		c. Page	1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351		e. Generator's Mailing A USEPA Region 5 77 West Jackson Blvd S Chicago, Illinois 60604 g. Phone:312 353-9351				
If owner of the generating facility differs from the	generator, provide:				: :	
h. Owner's Name:		i. Owner's Phone No.:	- Ca	ntainers	n Total	o. Unit
j. Waste Profile # k. Exp	D. Date I. Waste Description	Shipping Name and	No.	Type	Quantity	Wt/Vol
47181312520 2/1/14		ardous, treated soil	1,40.	1.75-		
47101312320		,	001	DT	18	Yards
·				11	FD 964	licoble
GENERATOR'S CERTIFICATION: I hereby cer state law, has been properly described, classifie waste is a treatment residue of a previously rest been treated in accordance with the requiremen	d and packaged, and is in ricted hazardous waste su	proper condition for transporta biect to the Land Disposal Res	ition accord strictions. 1	certify and	warrant that the	15, AND, II 1915
\ \		1			/2013	
p. Generator Authorized Agent Name (Print)	g. Signature			r. Date	, , , ,	
II. TRANSPORTER (Generator		Transporter completes I	lc-e).			
700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860	6 716	U-, L-		8/8/2	0/3	
c. Driver Name (Print)	d. Signature		e. Dat	<u>e</u>		
III. DESTINATION (Generator co			Illd-g)			
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	c. US EP/ 56-05	NA c			83	7
I herby certify that the above named material ha	as been accepted and to t	he best of my knowledge the to	oregoing is i	rue and ac	curate.	
		Λ			8/8	(" "
e. Name of Authorized Agent (Print)	f. Signature	Vacination of the second	g. Dat	le		
IV. ASBESTOS (Generator com	pletes IVa-f and Ope	erator complete IVg-i)				
A. Operator's Name and Address: Not Applicable		c. Responsible Agency Not Applicable	Name and	Address:		
b. Phone: e. Special Handling Instructions and Additional	Information:	d. Phone:				
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby dec and are classified, packed, marked and labeled	% Friable lare that the contents of the d and are in all respects in	% Non-Friable is consignment are fully and a proper condition for transport	ccurately de	escribed abo	ove by proper s to applicable in	hipping name ternational and
national governmental regulations.						
g. Operator's Name and Title (Print)						
g. Operator's Name and Title (Print) *Operator refers to the company which owns,	h. Signature		i. Dat	e		



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

Fresho Truck 154 [1-55

I. GENERATOR (Generat	or completes la	ı-r)			71000		
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	NH-75		c. Page	1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing USEPA Region 5 77 West Jackson Blvd Chicago, Illinois 6060 g. Phone:312 353-938	I SE-5J 4		:	
If owner of the generating facility differs f	rom the generator,	provide:				:	
h. Owner's Name:			i. Owner's Phone No.:			, 	1 . 11-14
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	M. Co	ntainers Type	ni. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14		ıs, treated soil	001	DT	18	†ards
				001			Taige
GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste is a treatment residue of a previou been treated in accordance with the req	classified and pack	taged, and is in prop ordous waste subject	er condition for transpo t to the Land Disposal R	rtation accordi testrictions. L	ing to applicentify and	cable regulation warrant that the	IS; AIND, IT THIS
James Basili		200	<u> </u>		8	18/2013	
p. Generator Authorized Agent Name (F	rint) (g. Signature			r. Date		
II. TRANSPORTER (Ger	erator complet	es IIa-b and Tra	nsporter completes	Ilc-e)			
Chicago Heights, IL 60411 b. Phone: 630 243-8860			2 1.6	\ <u>\</u>	18/2013		,
c. Driver Name (Print)	d. Sia	nature	DV4	e. Date	<i>ן עק ן ען</i> ∋	2	
III. DESTINATION (Gener			ation Site complete	es IIId-a)			
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219 394 7222 or 7221		c. US EPA Nu 56-05			ace:	303	\$
I herby certify that the above named ma	iterial has been ac	cepted and to the be	est of my knowledge the	foregoing is t	rue and ac	curate.	
]	<		· ·
e. Name of Authorized Agent (Print)	f Sig	nature		g. Dat	e	13 tt	
IV. ASBESTOS (Generat			or complete IVa-i)			-	
a. Operator's Name and Address: Not Applicable	or completed is	, a rana operati	c. Responsible Agen- Not Applicable	cy Name and	Address:		
Trock Application			d Dhann			:	
b. Phone: e. Special Handling Instructions and Ar	iditional Informatio	n:	d. Phone:			:	
f. Friable Non-Friable B OPERATOR'S CERTIFICATION: I her and are classified, packed, marked and national governmental regulations.	aby declare that the	Friable e contents of this con all respects in prop	% Non-Friable insignment are fully and per condition for transpo	accurately de	scribed ab according	ove by proper s to applicable int	hipping name ernational and
				i. Dat			
g. Operator's Name and Title (Print) *Operator refers to the company which renovation operation or both	h. Si owns, leases, ope	gnature erates, controls, or s	upervises the facility be			ited, or the dem	olition or



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

GENERATOR (Generate	r completes la	a-r)				- Page (1 af	
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	ent Number NH -74			c. Page 1	1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608			e. Generator's M USEPA Region 77 West Jackso Chicago, Illinois g. Phone:312 3	5 in Blvd SE-5 60604				
f. Phone:312-353-9351 If owner of the generating facility differs fro	om the generator	, provide:						
h. Owner's Name:			i. Owner's Phor	ne No.:			T	11.3
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	-	m. Cor No.	ntainers Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14		us, treated soil		001	DT	18	Yards
GENERATOR'S CERTIFICATION: I her state law, has been properly described, of waste is a treatment residue of a previou been treated in accordance with the requirements.	classified and pac	ckaged, and is in prop rardous waste subject	t to the Land Disc	osal Restric	tions. I d	certify and	warrant that th	
Jaime Brown	vint)	g. Signature				г. Date	115	
p. Generator Authorized Agent Name (P. II. TRANSPORTER (Gen	erator comple	etes IIa-b and Tra	insporter comp	oletes IIc-	e)			
Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860	4 7	Marac	2	<u>-</u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3/8/13		
c. Driver Name (Print)	d. Si	ignature			e. Date			
III. DESTINATION (Gener	ator complete	Illa-c and Destir	nation Site con	npletes III	d-g)	AAAAT I		
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Nu 56-05	NA	epancy Indic			33.0	5
I herby certify that the above named ma	terial has been a	accepted and to the b	est of my knowled	ge the foreg	going is t	rue and ac	curate.	*****
				¥		:	<u>21917</u>	
e. Name of Authorized Agent (Print)		ignature	f. (- 15	(- :)	g. Dat	е		
IV. ASBESTOS (Generate	or completes l	IVa-f and Operat	or complete IV	(g-I)	me and	Δηγισσό.		
a. Operator's Name and Address: Not Applicable			Not Applicable		ario ario .			
b. Phone: e. Special Handling Instructions and Ad-	dditional Informati	ion:	d. Phone:					
f. Friable Non-Friable B OPERATOR'S CERTIFICATION: I her and are classified, packed, marked and national governmental regulations.	1 de eleve Abok A	% Friable the contents of this c in all respects in pro	% Non-Friable onsignment are further to the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the condition for the cond	illy and acci	rately de highway	scribed ab according	ove by proper to applicable in	shipping name nternational an
g. Operator's Name and Title (Print) *Operator refers to the company which renovation operation or both	h.: owns, leases, o	Signature perates, controls, or s	supervises the fac	cility being d	i. Dat emolishe	e d or renova	ated, or the de	molition or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} asbestos waste, complete Sections I, II and III

Truck# 2F 67/3004

. GENERATOR (General	tor completes	la-r)			c. Page	1 of	
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	NH-75		C. Page	1	
. Generator's Name and Location: JSEPA Region 5 J47 West Cullerton St Chicago IL 60608			e. Generator's Mailing USEPA Region 5 77 West Jackson Blvc Chicago, Illinois 6060	SE-5J 4			
Phone:312-353-9351 fowner of the generating facility differs	from the generato	or, provide:	g. Phone:312 353-93	01			
n, Owner's Name:			i. Owner's Phone No.	:		T	11-31
j. Waste Profile #	k. Exp. Date		ping Name and		ontainers	n. Total Quantity	o. Unit- Wt∕Vol
		Description	broated self	No.	Туре	Quantity	- 10000
47181312520	2/1/14	non hazardo	us, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: I he state law, has been properly described waste is a treatment residue of a previous been treated in accordance with the recordance with the recordance.	, classified and pa	ickaged, and is in project	t to the Land Disposal f	Restrictions.	certify and 40 CFR 20	warrant that the	e waste has
Jame Brown		24	<u> </u>	1	8/8 r. Date	/13	
Organization Authorized Agent Name (Print)	q. Signature			r. Date	<i>,</i>	
II. TRANSPORTER (Ge	nerator compl	etes IIa-b and Tra	ansporter complete	s IIc-e)			
Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860	*	Christishes	Maro		8/8/		
o Driver Name (Print)	d. 8	Signature /		e. Da	te /		
III. DESTINATION (Gene	erator complet	e Illa-c and Desti	nation Site complet	es IIId-g)			
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA Ni 56-05	umber d. Discrepanc	Indication St	2		
b. Phone: 219.394.7222 or 7221 I herby certify that the above named n	naterial has been	accepted and to the	est of my knowledge th	e foregoing is	true and a	curate	
I nerby certify that the above harries in	TOTAL TITLE TOTAL			5			う
				g. Da	ato		
e. Name of Authorized Agent (Print)	1 1. 8	Signature	i all atalya	, , g, De			
IV. ASBESTOS (Genera	tor completes	IVa-f and Operat	or complete (vg-i)	Nama	Addroce:		
a. Operator's Name and Address: Not Applicable			c. Responsible Age Not Applicable	icy name and	Address.		
b. Phone:			d. Phone:		 		
e. Special Handling Instructions and	Additional Informa	ation:					
f Friable Non-Friable OPERATOR'S CERTIFICATION: I he and are classified, packed, marked a national governmental regulations.	Both ereby declare that nd labeled and ar	% Friable the contents of this c e in all respects in pro	% Non-Friable consignment are fully an oper condition for transp	d accurately d ort by highwa	escribed al y according	oove by proper to applicable ir	shipping name nternational and
O	h	Signature	125 ·	i. Da	ate		
g. Operator's Name and Title (Print) *Operator refers to the company whi	ch owns, leases.	operates, controls, or	supervises the facility b	eing demolish	ed or renov	ated, or the der	molition or
renovation operation or both				!			
· · · · · · · · · · · · · · · · · · ·			C4.	1			



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

GENERATOR (Gene	rator completes	la-r)					4 -6	
Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	NH - 77			c. Page	1 1	
. Generator's Name and Location: JSEPA Region 5 47 West Cullerton St Chicago IL 60608			e. Generator's N USEPA Region 77 West Jacksor Chicago, Illinois g. Phone:312 35	5 n Bivd SE-5. 60604				
owner of the generating facility diffe	ers from the generat	or, provide:						
i. Owner's Name:		L. M. de Chie	i. Owner's Phon	e No.:	m Co	ntainers	n. Total	o. Unit
Waste Profile #	k. Exp. Date	Description	oping Name and		No.	Туре	Quantity	Wt/Vol
17181312520	2/1/14	non hazardo	us, treated soil		001	DT	18	Yards
GENERATOR'S CERTIFICATION:	I hereby certify that	the above named mat	terial is not a haza	rdous waste	as defin	ned by 40 (CFR 261 or any	applicable
GENERATOR'S CERTIFICATION: state law, has been properly describ waste is a treatment residue of a pro- been treated in accordance with the	ed, classified and p	ackaged, and is in pro	of to the Land Disc	osal Restrict	tions. I	certify and	warrant that th	e waste has
Jaime Brain			3				8/8/13	
Commenter Authorized Appet Non	ne (Print)	q. Signature				r. Date		
II. TRANSPORTER (Generator comp	oletes IIa-b and Tr	ansporter com	pietes lic-	3)			
a. Transporter's Name and Address Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860			10/1	<u> </u>			-	
of Mrike Park	<u></u>	Mah				8/8	/13	
Driver Name (Print)	d.	Signature			e. Dat	e //		
III. DESTINATION (G	enerator comple	te IIIa-c and Dest	ination Site cor	npletes III	d-g)			
Disposal Facility and Site Addre Newton County Landfill 2266 E. 500 South Brook, IN 47922	SS:	c. US EPA N 56-05	lumber d. Discre	epancy Indic		91	<i>.</i>	
b. Phone: 219.394.7222 or 7221 I herby certify that the above name	ed material has bee	n accepted and to the	best of my knowle	dge the fore	going is	true and a	ccurate.	12
Thorax details and the		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		_			<u> </u>
e. Name of Authorized Agent (Prin	nt) f.	. Signature	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	and a second	g. Da	te		
IV. ASBESTOS (Gen	erator complete	s IVa-f and Opera	itor complete I\	/g-i)		. A -l -l 1		
a. Operator's Name and Address: Not Applicable			c. Responsibl Not Applicabl	e Agency Ma	ame and	Address.		
b. Phone: e. Special Handling Instructions a	nd Additional Inforn	nation:	d. Phone:					
f. Friable Non-Friable OPERATOR'S CERTIFICATION and are classified, packed, market	ed and labeled and	% Friable at the contents of this are in all respects in pl	% Non-Friab consignment are f roper condition for	Illustration	ırately d highway	escribed a	bove by proper g to applicable	shipping name international and
national governmental regulation	S .		··					
		h Cinneture			i. Da	ate		
g. Operator's Name and Title (Pr *Operator refers to the company	int)	h. Signature s, operates, controls, o	r supervises the fa	cility being d	emolish	ed or reno	vated, or the de	emolition or
renovation operation or both					·····			



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la						
a. Generator's US EPA ID Number		b. Manifest Docum	4		c. Page	1 of 1	
ILR 000 177 592		<u> </u>	NH 76	A delegan		1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608			e. Generator's Mailing USEPA Region 5 77 West Jackson Blvd Chicago, Illinois 60604	SE-5J			
f. Phone:312-353-9351 If owner of the generating facility differs fr	om the generator	nrovide:	g. Phone:312 353-935	1			
if owner of the generating facility differs in	on the generator	, provide.					
h. Owner's Name:	T = . D.	L Marta Chia	i. Owner's Phone No.: ping Name and		ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	Type	Quantity	Wt/Vol
47181312520	2/1/14		s, treated soil				
				001	DT	18	Yards
·							
			7.1 to 1.1 to 1		nd by 40 C	ED 261 or any	annlicable
GENERATOR'S CERTIFICATION: I her state law, has been properly described, of waste is a treatment residue of a previou been treated in accordance with the requ	classified and pac siv restricted haz	kaged, and is in prop ardous waste subject	er condition for transport to the Land Disposal Re	tation accordi estrictions. To	ng to appli certify and	cable regulation warrant that the	ns; AND, if this
١					0		
p. Generator Authorized Agent Name (P		200			7	813	
p. Generator Authorized Agent Name (P	rint)	g. Signature		11 \	r. Date	<u> </u>	
II. TRANSPORTER (Gen	erator comple	tes lia-b and I ra	nsporter completes	iic-e)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411							
b. Phone: 630 243-8860					1.1		
C Driver Name (Print)		onature Oce	agle-	e. Date	18/13		
III. DESTINATION (General	ator complete	Illa-c and Destin	ation Site complete	s IIId-g)			
a. Disposal Facility and Site Address:	,	c. US EPA Nur			ace:	rs,	
Newton County Landfill		56-05	NA	10		À	
2266 E. 500 South				- / X - /	> /	/	
Brook, IN 47922 b. Phone: 219.394.7222 or 7221				16	and I		
I herby certify that the above named ma	terial has been ac	cepted and to the be	st of my knowledge the	fo cegoing is t	rue and aç	curate.	
		- Andrews - Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment o	Andrew Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the		C		5
(Authorized Apple (Driet)	f Cia	nature	Name of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	g. Dat		$\rightarrow -$	
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato			r complete IVa-i	g. 54	-		
	or completes i	va-i aliu Operato	c. Responsible Agenc	y Name and	Address:		
a. Operator's Name and Address: Not Applicable			Not Applicable	y ivanic and i	idaress.		
			d. Phone:				
b. Phone: e. Special Handling Instructions and Ad	ditional Information	วท:	u. Filone.				
		Triphic	0/ Non Eriable				
ODERATOR'S CERTIFICATION: I have	by declare that th	Friable	% Non-Friable nsignment are fully and a	accurately de	scribed ab	ove by proper s	hipping name
and are classified, packed, marked and	labeled and are i	in all respects in prop	er condition for transpor	t by highway	according	to applicable int	ternational and
national governmental regulations.	1						
g. Operator's Name and Title (Print)	h S	ignature		i. Date			
*Operator refers to the company which	owns, leases, op	erates, controls, or si	pervises the facility beir			ited, or the dem	rolition or
renovation operation or both	<u>'</u>						



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

ساد	Merct
Truck#	6678

. GENERATOR (Generat	or completes	1a-r)			c Page	1 of	
n. Generator's US EPA ID Number ILR 000 177 592			nent Number c. Page 1 of 1				
. Generator's Name and Location:			e. Generator's Mailing	Address:			
JSEPA Region 5			USEPA Region 5 77 West Jackson Blvd	SE_5 I			
947 West Cullerton St			Chicago, Illinois 60604	3E-33			
Chicago IL 60608			g. Phone:312 353-9351	1			
Phone:312-353-9351	Fram the generate	or provide:	g. Priorie.312 333-933				
f owner of the generating facility differs t	rom the generato	i, provide.	i. Owner's Phone No.:				
n. Owner's Name:	k. Exp. Date	I Waste Shir	pping Name and	m. Co	ntainers	n. Total	o. Unit
, Waste Profile #	K. Exp. Date	Description		No.	Type	Quantity	Wt/Vol
47181312520			us, treated soil	001	DT	18	Yards
			L	voeto as defi	and by 40 t	FR 261 or any	applicable
GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste is a treatment residue of a previo been treated in accordance with the red	classified and pa	ickaged, and is in proj zardous waste subjec	t to the Land Disposal Re	estrictions. I	certify and	warrant that the	
						15/2013	•
					r Date	10/2010	
p. Generator Authorized Agent Name (I	Print)	q. Signature		llo o)	1. Date		
II. TRANSPORTER (Gel a. Transporter's Name and Address:	nerator compl	etes lia-b and Tra	ansporter completes	110-6)			
700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860		Julie	Lalieto			12013	1,41
c. Driver Name (Print)		Signature		e. Dat	<u>e -</u>		
III. DESTINATION (Gene	rator complete	e IIIa-c and Destii	nation Site complete	s IIId-g)			
a. Disposal Facility and Site Address:		c. US EPA No	ımber d Discrepancy	Indication Sp	ace:	1) June 2	gan. A
Newton County Landfill		56-05	NA		/	ω)
2266 E. 500 South		\			Í	The harmonia	**
Brook, IN 47922		*	·			.el	
210 004 7000 7004			Section 1 and a second section 1	forogoing is:	terio and ac	curate	
I herby certify that the above named m	aterial has been	accepted and to the b	est of my knowledge the	loregoing is	uuc anu a		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th
			and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		X // .) //	
	+ ; ;	Signature /	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	g. Da	te /	ĺ.	
e. Name of Authorized Agent (Print)			into IVa iV				
IV. ASBESTOS (General	tor completes	IVa-r and Operat	el-complete (vg-i)	- NI	1 ddr000:		
a. Operator's Name and Address: Not Applicable			c. Responsible Agenc Not Applicable	y Name and	Address.		
la Channe			d. Phone:		-		
b. Phone: e. Special Handling Instructions and A	Additional Informa	tion:					
f. Friable Non-Friable	Both	% Friable	% Non-Friable		nonibad al	nove by proper	shinning name
OPERATOR'S CERTIFICATION: I he and are classified, packed, marked ar		the contents of this c e in all respects in pro	onsignment are fully and per condition for transpor	accurately de t by highway	according	to applicable in	nternational ar
national governmental regulations.							
		Cinnetura		i Da	te		
g. Operator's Name and Title (Print) "Operator refers to the company which	h. h owns, leases, c	Signature operates, controls, or s	supervises the facility being	ng demolishe	ed or renov	ated, or the der	nolition or
renovation operation or both							



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

· .#	· Propo	
Truck*	173 <u>—</u>	

. GENERATOR (Generate	or completes	la-r)			o Page	1 of		
. Generator's US EPA ID Number ILR 000 177 592	or's US EPA ID Number ILR 000 177 592 b. Manifest Docume			NH-79				
I. Generator's Name and Location: JSEPA Region 5 JA7 West Cullerton St Chicago IL 60608 , Phone:312-353-9351			e. Generator's Mailing Ad USEPA Region 5 77 West Jackson Blvd St Chicago, Illinois 60604 g. Phone:312 353-9351					
f owner of the generating facility differs fr	om the generate	or, provide:	Councils Dharm No.					
Owner's Name:	L. E. Data	I Mosto Shi	i. Owner's Phone No.: pping Name and	l m Co	ntainers	n. Total	o. Unit	
. Waste Profile #	k. Exp. Date	Description		No.	Туре	Quantity	Wt/Vol	
47181312520	2/1/14	non hazardo	ous, treated soil	001	DT	18	Yards	
GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste is a treatment residue of a previou been treated in accordance with the requ	classified and pa isly restricted ha uirements of 40	ackaged, and is in pro	ct to the Land Disposal Res	trictions. I	certify and 40 CFR 20	warrant that the	e waste has	
Mr. Jaime Brou	אט				10	5/2013)	
n Congretor Authorized Agent Name (P	rint)	q. Signature			r. Date	!		
II. TRANSPORTER (Ger	erator compl	letes Ila-b and Tr	ansporter completes II	<u>c-e)</u>				
Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860		The All	and the second second	er er er er er er er er er er er er er e	5/20	yarini ta		
G Mukera	X	1/1/1/1				} _ 3		
c. Driver Name (Print)		Signaturé		e. Dat	е			
III. DESTINATION (Gener	ator complet	e Illa-c and Dest	ination Site completes	ilia-g)				
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394,7222 or 7221		c. US EPA N 56-05	NA		e e e e e e e e e e e e e e e e e e e	15	<u> </u>	
b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	aterial has been	accepted and to the	best of my knowledge the fo	regoing is	true and ac	curate.		
Thomas dollars and dollars		- De Santa	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		\longrightarrow	115 11	_>	
e. Name of Authorized Agent (Print)		Signature	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	g. Da	te	1.		
IV. ASBESTOS (Generat	or completes	IVa-f and Opera	tor complete IVg-i)					
a. Operator's Name and Address: Not Applicable			c. Responsible Agency Not Applicable	Name and	Address:			
b. Phone: e. Special Handling Instructions and A	dditional Informa	ation:	d. Phone:					
f. Friable Non-Friable E OPERATOR'S CERTIFICATION: I her and are classified, packed, marked an national governmental regulations.		% Friable t the contents of this of e in all respects in pr	% Non-Friable consignment are fully and a oper condition for transport	ocurately de by highway	escribed al	oove by proper to applicable in	shipping name nternational and	
навона доченинена годоказоно.							•	
	L	Signature		i. Da	te			
g. Operator's Name and Title (Print) *Operator refers to the company which renovation operation or both	n owns, leases,	operates, controls, or	supervises the facility being	demolishe	ed or renov	rated, or the der	molition or	



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes I	a-r)							
a. Generator's US EPA ID Number		b. Ma	nifest Docum	ent Number NH - 8			c. Page	1 of 1	
ILR 000 177 592							<u> </u>		
d. Generator's Name and Location:				e. Generator's M		ress:			
USEPA Region 5			His State Rich	USEPA Region 5 77 West Jacksor		5J			
947 West Cullerton St Chicago IL 60608			E.	Chicago, Illinois	60604	,,,			
f. Phone:312-353-9351			45.	g. Phone:312 35					
If owner of the generating facility differs fr	om the generator	provid	e:						
•				. O					
h. Owner's Name:	1. E Dt-		gi Manata Shin	i. Owner's Phone ping Name and	ino.:	m Co	ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date		Description	ping Name and	-	No.	Type	Quantity	Wt/Vol
47181312520	2/1/14		3.	is, treated soil		110.	1,700		
4/181312520	2/1/14		non nazardo	io, notice con		001	DT	18	Yards
		.							
			(6)	w					
			81 8 - 88						
		1	\$ 1. \$ 1.						
		1	9.1 19.1						
			101 101 101						
		1							
	1						ĺ		
					•		nd by 40 C	ED 261 or any	applicable
GENERATOR'S CERTIFICATION: I her	eby certify that th	e above	e named mate	erial is not a hazard	neportation	e as denne	ea by 40 C na to annlii	cable regulation	applicable
state law, has been properly described, of waste is a treatment residue of a previou	lassified and pac	xageo,	and is in prop	to the Land Disno	sal Restric	tions. I d	ertify and	warrant that the	waste has
been treated in accordance with the requ	iroments of 40 C	AIUUUS FR 268	and is no lon-	ner a hazardous w	aste as de	fined by	10 CFR 26	1.	
	i	111200						4	
Mr. Jaime Brow	ן יאכ	\sim					1/2	5/2013	
n. Generator Authorized Agent Name (Pi	int)	q. Sign	ature				r. Date		
II. TRANSPORTER (Gen	erator comple	tes lla	-b and Tra	nsporter compl	etes IIc-	e)			
a. Transporter's Name and Address:			T.						
Z Force Transportation, Inc.			W						
700 E. Joe Orr Road			181 181 181						
Chicago Heights, IL 60411									
			1						•
b. Phone: 630 243-8860.			///				1		
K 63624 Wood			A land			8/1	5/201	3	
c. Driver Name (Print)	d Sie	onaturé	5.			e. Date			
				ation Site com	oletes III	d-a)			
*	ator complete		US EPA Nur		ancy Indic	ation Sna	re.		
a. Disposal Facility and Site Address:			, US EPA NUI 6-05	NA	aricy muic	ation Ope	icc.		
Newton County Landfill 2266 E. 500 South		. 3	000	1,4,			<u> </u>	~ 1	
Brook, IN 47922					^			16	
h Dhana: 240 204 7222 or 7221		-							1
I herby certify that the above named mat	erial has been ac	cepted	and to the be	st of my knowledg	e the foreg	joing is tr	ue and acc	urate.	
					1			216	
			- 5		+	g. Date	·····	3113	1.3
e. Name of Authorized Agent (Print)		nature	\$1 81		<u>t </u>	y. Date			
IV. ASBESTOS (Generato	r completes l	Va-f ar	nd Operato	r complete IVg	-1)				
a. Operator's Name and Address:	1.41		. 171 121	c. Responsible A	\gency Na	me and A	Address:		
Not Applicable		:		Not Applicable					
		-							
				d. Phone:					
b. Phone:	litional Informatio	20.	Wi W	u. r none.					
e. Special Handling Instructions and Ad	adonai miomatic	et.	1842 A						
		:							
f. Friable Non-Friable Bo	th %	Friable	<u>- 36</u>	% Non-Friable					
THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	by deploye that th	o conte	nte of this co	nsignment are fully	and accur	rately des	cribed abo	ve by proper s	hipping name
and are classified, packed, marked and	labeled and are i	in all res	spects in prop	er condition for tra	nsport by h	nighway a	according t	o applicable int	ernational and
national governmental regulations.			l)			- _T			
2				-					
			<u> </u>			; D-4-			
g. Operator's Name and Title (Print)	h. S	ignature		maniana tha fa-ilit	v being do	i. Date	or renova	ed or the dem	olition or
*Operator refers to the company which	owns, leases, ope	erates, e	co nt rois, or su	ipervises the tacilit	y being de	HOBBIEC	OF JEHOVA	ica, or the delli	
renovation operation or both			97						



If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck#

I. GENERATOR (Generate	or completes		· //					
a. Generator's US EPA ID Number ILR 000 177 592		b. N	Manifest Docum	ent Number NH - 90		c. Page	1 of 1	
d. Generator's Name and Location:				e. Generator's Mailing	Address:			
USEPA Region 5			M.	USEPA Region 5 77 West Jackson Blvd	CEEL			
947 West Cullerton St				Chicago, Illinois 60604				
Chicago IL 60608 f. Phone:312-353-9351			5	g. Phone:312 353-935				
If owner of the generating facility differs fr	om the generat	or, prov	ide:	9				
-		•	Ši:					
h. Owner's Name:	Is From Data		I Mosta Chin	i. Owner's Phone No.: ping Name and		ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date		Description	ping Name and	No.	Туре	Quantity	Wt/Vol
47181312520	2/1/14	:	P 2	is, treated soil		.,,,,,,		
47 10 10 12 32 0	2,,,	•	20	,	001	DT	18	Yards
			W.					
			(%). (%).					
GENERATOR'S CERTIFICATION: I her	i eby certify that	the abo	ve named mate	erial is not a hazardous v	vaste as defin	ed by 40 C	FR 261 or any	applicable
state law has been properly described, o	lassified and pa	ackaged	 and is in prop 	er condition for transpor	tation accordi	ng to applic	cable regulation	is; AND, if this
waste is a treatment residue of a previou	sly restricted ha	azardous	s waste subject	to the Land Disposal R	estrictions. I d	ertify and	warrant that the	waste has
been treated in accordance with the requ	irements of 40	<u>CFR 26</u>	i8 and is no lone	ger a hazardous waste a	as defined by	10 CFR 26	1	
Mr. Jaime Brow	10					8/1	5/2013	
p. Generator Authorized Agent Name (Pr	nature			r. Date	7-31-2			
	orator comp			nenorter completes	lic-e)			
	erator compi			risporter completes	110 0)			
a. Transporter's Name and Address: Z Force Transportation, Inc.		N	B 453					1
700 E. Joe Orr Road								
Chicago Heights, IL 60411								
b. Phone: 630 243-8860		-1	7.5 7.5			21 -1-	(**)	
Wictory Trimuel		Unche	117_	_ つ	į	1121	243	
c. Driver Name (Print)	d. 8	Signatur			e. Date			
III. DESTINATION (Genera				ation Site complete	s IIId-a)			
	ator complete		c. US EPA Nur			ce:		
a. Disposal Facility and Site Address: Newton County Landfill			56-05	NA NA				
2266 E. 500 South						î		3
Brook, IN 47922		ĺ			/		\ \-\ \	. 1
b. Phone: 219.394.7222 or 7221				at at my knowledge the	foragoing is tr	ie and acc	užate	
I herby certify that the above named mat	eriai nas been a	accepte	g ago to the pe	St of my knowledge the	loregoning is a	ue and acc		-775
			74 A	(X)				
e. Name of Authorized Agent (Print)	f. S	Signature	e 🖟		g. Date	!		
IV. ASBESTOS (Generato				r complete (Va-i)				
a. Operator's Name and Address:		:		c. Responsible Agenc	y Name and A	ddress:		
Not Applicable			Elicini Services	Not Applicable	•			
1121 delanguage								
			Ville and	d Dharas				
b. Phone:	Jilian at 1 Julian - 4	tion:		d. Phone:				
e. Special Handling Instructions and Add	ilional Intormat	tion.						
			B					
f. Friable Non-Friable Bo	th	% Friab	le 🚡	% Non-Friable				
ODEDATOR'S CERTIFICATION: I have	ov declare that	the conf	tents of this cor	signment are fully and a	accurately des	cribed abo	ve by proper sh	nipping name
and are classified, packed, marked and	labeled and are	in all re	espects in prope	er condition for transport	t by highway a	ccording to	applicable inte	ernational and
national governmental regulations.		:	765) 264					
g. Operator's Name and Title (Print)	h	Signatu	ге		i. Date			
*Operator refers to the company which	owns, leases, or	perates.	, controls, or su	pervises the facility bein			ed, or the demo	olition or
renovation operation or both	,		31 31					



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

 GENERATOR (Generato) 	r completes	la-r)	(1)		c. Page	1 of	
a. Generator's US EPA ID Number ILR 000 177 592	NH-82 1						
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing A USEPA Region 5 77 West Jackson Blvd 3 Chicago, Illinois 60604 g. Phone:312 353-9351	SE-5J			
If owner of the generating facility differs from	m the generato	or, provide:	i. Owner's Phone No.:				
h. Owner's Name:	Is Firm Data	1 Macte Shir	pping Name and	m, Co	ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	Description		No.	Type	Quantity	Wt/Voi
47181312520	2/1/14	non hazardo	us, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requ	iassified and pa	rordous waste subjec	t to the Land Disposal Re	estrictions. I	certify and 40 CFR 2	warrant that th	r applicable ns; AND, if this e waste has
Mr. Jaime Brow)			<i>3</i>	5/2013	>
Oursette Authorized Agent Name (Dr	int\	q. Signature		_	r. Date		
II. TRANSPORTER (Generator Authorized Agent Name (17	erator compl	etes Ila-b and Tra	ansporter completes	lic-e)			
Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860 c. Driver Name (Print)		Signature		e. Date	/15/20 e	> 5"	;
III. DESTINATION (General	ator complet	e Illa-c and Desti	nation Site complete	s IIId-g)			
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA Ni 56-05	umber d. Discrepancy NA	Indication Sp	74		
b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	terial has been	accepted and to the b	est of my knowledge the	foregoing is t	rue and a	curate.	2
		San San San San San San San San San San		> 2	<u> </u>		
e. Name of Authorized Agent (Print)	f. 5	Signature	A CONTRACT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	g. Dat	e		
IV. ASBESTOS (Generato	or completes	IVa-fand Operat	or complete IVg-i)				
a. Operator's Name and Address: Not Applicable			c. Responsible Agend Not Applicable	y Name and	Address:		
b. Phone: e. Special Handling Instructions and Ad	Iditional Informa	ation:	d. Phone:				
			% Non-Friable				
f. Friable Non-Friable B. OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	oth eby declare that I labeled and ar	% Friable t the contents of this c re in all respects in pro	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	accurately de rt by highway	escribed a according	bove by proper to applicable i	shipping name nternational and
national governmental regulations.							
		Signature		i. Dat	te		
g. Operator's Name and Title (Print) *Operator refers to the company which renovation operation or both	owns, leases, o	. Signature operates, controls, or	supervises the facility bei	ng demolishe	d or renov	rated, or the de	molition or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or comple	tes (a-r)						
a. Generator's US EPA ID Number ILR 000 177 592		b. 1	Manifest Docur	nent Number NH - 为 🖰		c. Page	1 of 1	
d. Generator's Name and Location:		· · · · · · · · · · · · · · · · · · ·		e. Generator's Mailing	Address:			
USEPA Region 5				USEPA Region 5				
947 West Cullerton St				77 West Jackson Blvd				
Chicago IL 60608				Chicago, Illinois 6060 g. Phone:312 353-93				
f. Phone:312-353-9351	am the gen	arator prov	vide:	g. Phone.312 333-93	<u> </u>			<u> </u>
If owner of the generating facility differs fr	an uic gein	orator, bior	V.O.					
h. Owner's Name:				i. Owner's Phone No.	:			
j. Waste Profile #	k. Exp. Da	ate	I.Waste Shi	ping Name and	m. Co	ntainers	n. Total	o. Unit
·			Description		No.	Type	Quantity	Wt/Voi
47181312520	2/1/14		non hazardo	us, treated soil				
			- 10		001	DT	18	Yards
			1 <u>\$.</u>					
			Š):					
			į į					
			8					
			\$					
GENERATOR'S CERTIFICATION: I here	 	h a t t t = - t	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	orial in pat a basedare	waste as defin	ed by 40 C	ER 261 or any	annlicable
state law, has been properly described, of waste is a treatment residue of a previous been treated in accordance with the requ	lassified an slv restricte	d package d hazardou	d, and is in pro is waste subied	per condition for transpo It to the Land Disposal F	rtation accordi Restrictions. To	ng to appli- certify and	cable regulation warrant that the	ns; and, it this
						ا م		
Mr. Jaime Brow) 				5/2013	
p. Generator Authorized Agent Name (Pr	int)		gnature		···	r. Date		
II. TRANSPORTER (Gene	erator cor	npletes I	la-b and Tra	insporter completes	s IIc-e)			
a. Transporter's Name and Address:			\$!					
Z Force Transportation, Inc.		:						
700 E. Joe Orr Road								
Chicago Heights, IL 60411			(2) (2)					
1 50 000 040 0000			41 .					
b. Phone: 630 243-8860		<u> </u>				91 T		
Jeffrey Turngren	X	1		T		5/15/2	O13	
c. Driver Name (Print)		d. Signatu	re T	-	e. Date			
				ation Site complete	e Ilid-a)			
	itor courb	iele iija-	c. US EPA Nu		Indication Sac			
a. Disposal Facility and Site Address:			56-05	NA NA	maication ope	ice.		
Newton County Landfill 2266 E. 500 South		:	30-00	197		j	011	, surrain
Brook IN 47922		i	70					7
b. Phone: 219.394.7222 or 7221							ļ <u> </u>	
I herby certify that the above named mat-	erial has be	en accepte	ed and to the be	est of my knowledge the	foregoing is tr	ue and acc	urate.	
			Sec.	V		Con	1 1	13
				Α			1131	
e. Name of Authorized Agent (Print)		f. Signatur		V	g. Date	·		
IV. ASBESTOS (Generato	complet	es IVa-f	and Operato	or complete IVg-i)				
a. Operator's Name and Address:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	94 31 31	c. Responsible Agend	y Name and A	Address:		
Not Applicable		÷	100 mg/s	Not Applicable	-			
			(i)					
			#: W					
b. Phone:				d. Phone:				
e. Special Handling Instructions and Add	itional Infor	mation:						
	<u>.</u>	% Friat	No.	% Non-Friable				
f. Friable Non-Friable Bo	u dealera t	not the co-	vic	neignment are fully and	accurately des	cribed abo	ve by proper st	nippina name
and are classified, packed, marked and	y usciale t sheled and	are in all r	espects in pror	er condition for transpor	t by highway a	ccordina to	applicable inte	ernational and
national governmental regulations.	aneien aila	ene mrani	-species in prop	e. continuit to: danapor	- ~ yg			
national governmental regulations.			<u>y</u> v					
	į							
g. Operator's Name and Title (Print)		h. Signatu	ıre		i. Date			
*Operator refers to the company which o	wns, lease	s, operates	, controls, or s	pervises the facility bein	ng demolished	or renovat	ed, or the demi	olition or
renovation operation or both			(i					



If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} asbestos waste, complete Sections I, II and III

Truck# 6678	
-------------	--

I. GENERATOR (Generate	or completes	Id-1)	1.65		o Boso	1 of				
a. Generator's US EPA ID Number ILR 000 177 592	Generator's US EPA ID Number ILR 000 177 592 b. Manifest Docur					c. Page 1 of				
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone:312 353-9351								
If owner of the generating facility differs for	rom the generate	or, provide:								
h. Owner's Name:		1, 11, 10, 10, 10, 10, 10, 10, 10, 10, 1	i. Owner's Phone No.:	m Co	ntainers	n. Total	o. Unit			
j. Waste Profile #	k, Exp. Date	l. waste Snip Description	ping Name and	No.	Type	Quantity Wt/Voi				
47181312520	2/1/14		us, treated soil	001	DT	18	Yards			
				3 01						
			- i-lit - havardous	vaste as defir	ed by 40 (CER 261 or any	applicable			
GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste is a treatment residue of a previou been treated in accordance with the req	classified and pa	ackaged, and is in proj izardous waste subied	t to the Land Disposal R	estrictions.	certify and	warrant that the				
			2			5/2013	•			
		g. Signature			r. Date					
p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)										
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860					} y					
xxxiio Galind	s ×	Aulio .	Galinto	e. Date	<u> </u>	Auro				
c. Driver Name (Print)		Signature	nation Site complete		<u></u>					
III. DESTINATION (Gener	ator complet	c. US EPA Nu	mber d. Discrepancy	Indication Sp	ace:	. (
a. Disposal Facility and Site Address: Newton County Landfill		56-05	NA NA		\bigcirc	145				
2266 E. 500 South Brook, IN 47922		white the continue was a second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the second or the secon	Secure 12 months of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last o	1		• `				
			est of my knowledge the	foregoing is t	nie and ac	curate				
I herby certify that the above named ma	aterial has been	accepted and to the b	est of my knowledge are	Torogoning to t	8	1575				
(7)		Signature	CHARLES AND THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA	g. Dat	e					
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generat			or complete (Va-i)							
IV. ASBESTOS (Generat a. Operator's Name and Address:	or completes	Iva-lædu operad	c. Responsible Agen	cy Name and	Address:					
Not Applicable			Not Applicable							
b. Phone:										
e. Special Handling Instructions and A	dditional Informa	ition:					_			
f. Friable Non-Friable E	Both	% Friable	% Non-Friable				abinajaa nassa			
f. Friable Non-Friable Le OPERATOR'S CERTIFICATION: I her and are classified, packed, marked an national governmental regulations.		the contents of this contents in all respects in pro	onsignment are fully and per condition for transpo	accurately de rt by highway	scribed at according	to applicable in	snipping name nternational and			
g. Operator's Name and Title (Print)	h.	Signature		i. Dat	e e	ated or the dar	molition or			
g. Operator's Name and Title (Print) *Operator refers to the company which	n owns, leases, o	operates, controls, or s	supervises the facility be	ing demolishe	o or renov	ateu, or the der	HORIGOTI OF			



If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

TUCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOCK

TOC

I. GENERATOR (Generat	or completes i	a-r)		•	٠		
a. Generator's US EPA ID Number ILR 000 177 592	io. compictori	b. Manifest Docur	nent Number c. Page 1 of				
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604				
If owner of the generating facility differs fi	rom the generator	, provide:	g. Phone:312 353-93	51	-		
h. Owner's Name:			i. Owner's Phone No.				
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and		ntainers	n. Total	o. Unit
47181312520	2/1/14	Description		No.	Туре	Quantity	Wt/Voi
	211/14	non nazardol	is, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	ly restricted hazar rements of 40 CFI	rdous wasts subject	si condition for transpor	tation according	ig to applic	cable regulation:	applicable s; AND, if this waste has
Mr. Jaime Brow	1		3		8/1	-1- 3	
p. Generator Authorized Agent Name (Pri II. TRANSPORTER (Gene	nt) q	. Signature			r. Date	5/2013	
Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860			A	пс-е)	· · · · ·		
c. Driver Name (Print)		111/2		L2/	15/1	3	
	d. Signa	ature		e. Date			
III. DESTINATION (Generat a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mater		c. US EPA Numb 56-05	d. Discrepancy In	dication Space	10	75 .	5
		Total Democratica	Sec. District Rolling Co.		1/10	1/7	
e. Name of Authorized Agent (Print)	f. Signat		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	g. Date	111	<u> 12 </u>	
IV. ASBESTOS (Generator o	completes IVa-	-f and Operator of	complete IVa-i)	y. Date		7	
Operator's Name and Address: Not Applicable		C-7	Responsible Agency Not Applicable	Name and Add	tress:		
b. Phone:			J Dh				
e. Special Handling Instructions and Addition	onal Information:		I. Phone:				
						•	
f. Friable Non-Friable Both	% Fri	able	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packed, marked and lab national governmental regulations.	declare that the co	ontents of this consig I respects in proper of	nment are fully and accordition for transport by	curately descril y highway acco	oed above ording to a	by proper shipp pplicable interna	oing name ational and
a Operatore Name and Title (7)							
 Operator's Name and Title (Print) Operator refers to the company which own 	h. Signat	ture	Vince the C- Viv.	i. Date			
Operator refers to the company which own renovation operation or both		s, whitois, or super	vises the facility being o	temolished or	renovated,	or the demolitic	on or



If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

Truck

I. GENERATOR (Generato	or completes	la-r)				4	
a. Generator's US EPA ID Number		b. Manifest Docum	ment Number c. Page 1 of				
ILR 000 177 592				Address:		3	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351	USEPA Region 5 947 West Cullerton St		e. Generator's Mailing USEPA Region 5 77 West Jackson Blvc Chicago, Illinois 6060 g. Phone:312 353-938	1 SE-5J 4			
If owner of the generating facility differs from	om the generato	r, provide:					
			i, Owner's Phone No.	<u>:</u>			
h. Owner's Name: j. Waste Profile #	k. Exp. Date	1. Waste Ship	ping Name and	m. Cor		n. Total	a. Unit
		Description		No.	Type	Quantity	Wt∕Vol
47181312520	2/1/14	non nazardo	us, treated soil	001	DT	18	Yards
					ļ		
GENERATOR'S CERTIFICATION: I her state law, has been properly described, of waste is a treatment residue of a previou been treated in accordance with the requ	classified and pac sly restricted haz	ckaged, and is in prop zardous waste subiec	per condition for transpo It to the Land Disposal F	rtation accordin	ertify and	warrant that the	is, AND, ii uns
Mr. Jaime Brow	אכ			8/15/2013			
p. Generator Authorized Agent Name (Pi		q. Signature			r. Date		
II. TRANSPORTER (Gen	erator comple	etes IIa-b and Tra	insporter completes	s IIc-e)			
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411		N					
b. Phone: 630 243-8860		- $///$		5	/15/3	2.1	
To ESPOG Wearle	, d c	ignature	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	e. Date	1131	for E	
c. Driver Name/(Print) III. DESTINATION (General			nation Site complete				
III. DESTINATION (General a. Disposal Facility and Site Address:	ator complete	c. US EPA Nu	mber d. Discrepancy		ce:	10	
Newton County Landfill 2266 E. 500 South Brook, IN 47922	/	56-05	NA		0	(Hd)	
b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	terial has been a	ccepted and to the be	est of my knowledge the	foregoing is tru	ue and ac	curate.	
, 110,00,000			The colonia or a managed by highway by the profit had by		4	1515	
e. Name of Authorized Agent (Print)	f Si	gnature	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	g. Date		<i>j</i> \	
IV. ASBESTOS (Generato			or complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agen	cy Name and A	ddress:		
Not Applicable			Not Applicable				
b. Phone:			d. Phone:	· · · · · · · · · · · · · · · · · · ·			
e. Special Handling Instructions and Ad	ditional Informati	ion:					
f. Friable Non-Friable Bo	oth ⁰	% Friable	% Non-Friable				
OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and national governmental regulations.	hu de alera thet t	the contents of this co in all respects in prop	onsignment are fully and oer condition for transpo	accurately des	cribed abo	ove by proper s to applicable inf	hipping name ternational and
			_				
g. Operator's Name and Title (Print)	h. \$	Signature		i. Date	or repoya	ted or the dem	olition or
g. Operator's Name and Title (Print) *Operator refers to the company which	owns, leases, or	perates, controls, or s	upervises the facility be	ny demonshed	or remova	ited, or the dett	1011dO11 01



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

L H	
Truck#	- 1 2 X
11000	18" 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

I. GENERATOR (Generato	r completes la	ı-r)						
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	M-9 [
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604 g. Phone:312 353-9351					
If owner of the generating facility differs from	om the generator,	provide:						
h. Owner's Name:			i. Owner's Phone No.:		ntainers	n. Total	o. Unit	
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	No.	Type	Quantity	Wt/Vol	
47181312520	2/1/14		us, treated soil	110.	.,,,,,			
47 10 10 12 02 0				001	DT	18	Yards	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requ	lassified and pack sly restricted haza	(aged, and is in prop irdous waste sublec	per condition for transpor t to the Land Disposal Re	estrictions. 1	certify and	warrant that the	15, ru 10, ii u ii	
Mr. Jaime Brow		1			1 - 7	5/2013		
p. Generator Authorized Agent Name (Pr		g. Signature			r. Date			
II. TRANSPORTER (Gene	erator complete		nsporter completes	IIc-e)				
a. Transporter's Name and Address: Z Force Transportation, Inc. 700 E. Joe Orr Road Chicago Heights, IL 60411 b. Phone: 630 243-8860	John Strame							
c. Driver Name (Print)	d. Sig	nature		e. Date	15/1	<u> </u>		
III. DESTINATION (Genera	ator complete I	Ila-c and Destin	ation Site complete	s IIId-g)				
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA Nu 56-05		Indication Spa	ace:			
b. Phone: 219.394.7222 or 7221 I herby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the	foregoing is tr	ue and acc	urate.		
Therby certify that the above marine met		· · · · · · · · · · · · · · · · · · ·	A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE			1-5-1		
	6.05	Samuel Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the	The support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the su	g. Date			in the second	
e. Name of Authorized Agent (Print)		nature Z	r complete IVa-iV	<u> </u>				
IV. ASBESTOS (Generato	r completes IV	ra-i and Operato	c. Responsible Agenc	v Name and	Address			
a. Operator's Name and Address: Not Applicable			Not Applicable	y Name and A	Agg1633.			
b. Phone: e. Special Handling Instructions and Add	ditional Information	n:	d. Phone:					
	7	Friable	% Non-Friable					
f. Friable Non-Friable Bo OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and national governmental regulations.	hu donlaro that the	e contents of this co	esignment are fully and	accurately de t by highway	scribed abo according to	ve by proper so applicable int	hipping name ernational and	
g. Operator's Name and Title (Print)	h. Sic	gnature		i. Date)			
g. Operator's Name and Title (Print) *Operator refers to the company which renovation operation or both	owns, leases, ope	rates, controls, or s	upervises the facility beir	ng demolished	or renova	ted, or the dem	Olition of	



USEPA Region 5

Chicago IL 60608

h. Owner's Name:

47181312520

national governmental regulations.

g. Operator's Name and Title (Print)

renovation operation or both

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or

h. Signature

	If waste is <u>NOT</u> ask	estos waste, coi	e Sections I, II, III and IV mplete Sections I, II and I	" Truc	h#_	170	
GENERATOR (Genera	tor completes la-r)	A Mi mel		c. Page	1 of	
enerator's US EPA ID Number ILR 000 177 592	b	. Manifest Docui	ment Number NH - ライ		C. Tago	1	
enerator's Name and Location: EPA Region 5 West Cullerton St cago IL 60608 none:312-353-9351			e. Generator's Mailing USEPA Region 5 77 West Jackson Blvd Chicago, Illinois 60604 g. Phone:312 353-935	SE-5J			
wner of the generating facility differs	from the generator, pi	ovide:					
)wner's Name:		1 10/anta Chi	i. Owner's Phone No.:		ntainers	n. Total	o. Unit
aste Profile #	k. Exp. Date	Description	ipping Name and	No.	Туре	Quantity	Wt/Vol
81312520	2/1/14	non hazardo	ous, treated soil	001	DT	18	Yards
en treated in accordance with the re	equirements of 40 CFR	268 and is no lo	cot to the Land Disposal Ronger a hazardous waste	rtation according testrictions. I can be defined by	40 CFR 26	61. 15/2013	
en treated in accordance with the remainder of the Brogenerator Authorized Agent Name TRANSPORTER (Ge Transporter's Name and Address:	(Print) a	Signature	onger a hazardous waste	as defined by	40 CFR 26	61. 15/2013	
Generator Authorized Agent Name TRANSPORTER (Ge Transporter's Name and Address: Force Transportation, Inc. 0 E. Joe Orr Road nicago Heights, IL 60411	(Print) a	Signature	onger a hazardous waste	as defined by	40 CFR 26	51.	>
Generator Authorized Agent Name TRANSPORTER (Ge Transporter's Name and Address: Force Transportation, Inc. 0 E. Joe Orr Road hicago Heights, IL 60411 Phone: 630 243-8860 Transport Name (Print)	(Print) q. enerator complete	Signature s IIa-b and Tr	ransporter completes	as defined by	40 CFR 26	61. 15/2013	>
en treated in accordance with the removed of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of the following state of	(Print) q. enerator complete	Signature s IIa-b and Tr	ransporter completes	e. Dates illd-g)	40 CFR 26	51.	>
Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name Transporter's Name and Address: Force Transportation, Inc. DE. Joe Orr Road icago Heights, IL 60411 Phone: 630 243-8860 Driver Name (Print) DESTINATION (Generator Address: Entertain County Landfill 166 E. 500 South 166 E. 500 South 166 E. 500 South 166 E. 500 South 166 E. 500 South 166 E. 500 South 166 E. 500 South	(Print) q. enerator complete	Signature s IIa-b and Tr attire la-c and Dest	ransporter completes ination Site complete lumber d. Discrepancy	e. Date es IIId-g)	40 CFR 26	9/2013	>
Generator Authorized Agent Name TRANSPORTER (Ge Transporter's Name and Address: Force Transportation, Inc. 0 E. Joe Orr Road hicago Heights, IL 60411 Phone: 630 243-8860 Driver Name (Print)	(Print) q. enerator complete	Signature s IIa-b and Tr attire la-c and Dest	ransporter completes ination Site complete lumber d. Discrepancy	e. Date es Illd-g) Indication Sp	40 CFR 26	9/2013	>
Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name Transporter's Name and Address: Force Transportation, Inc. O. E. Joe Orr Road Dicago Heights, IL 60411 Phone: 630 243-8860 Driver Name (Print) DESTINATION (Generator County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address: Eventon County Landfill Disposal Facility and Site Address:	(Print) q. enerator complete	Signature s IIa-b and Tr attire la-c and Dest c. US EPA N 56-05 epted and to the	ination Site completes ination Site completes d. Discrepancy NA best of my knowledge the	e. Date es IIId-g)	40 CFR 26	9/2013	>
Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name Transporter's Name and Address: Force Transportation, Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. Inc. O. E. Joe Orr Road Inc. Inc. O. E. Joe Orr Road Inc. Inc. Inc. O. E. Joe Orr Road Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	(Print) q. enerator complete	Signature s IIa-b and Tr attire la-c and Dest c. US EPA N 56-05 epted and to the	ination Site completes ination Site completes d. Discrepancy NA best of my knowledge the	e. Date es IIId-g) Indication Sp	40 CFR 26	9/2013	>
Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name Transporter's Name and Address: Force Transportation, Inc. 0 E. Joe Orr Road hicago Heights, IL 60411 Phone: 630 243-8860 Driver Name (Print) DESTINATION (Generator County Landfill 266 E. 500 South Frook, IN 47922 Phone: 219.394.7222 or 7221 herby certify that the above named in the source of Authorized Agent (Print)	(Print) q. enerator complete	Signature s IIa-b and Tr attire la-c and Dest c. US EPA N 56-05 epted and to the	ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes inatio	e. Date es IIId-g) Indication Sp	40 CFR 26	9/2013	>
Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name Transporter's Name and Address: Force Transportation, Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. Disposal Facility and Site Address: O. E. Joe Orr Road O. E. Joe Orr Road O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road Inc. O. E. Joe Orr Road	equirements of 40 CFR (Print) q. enerator complete d. sign erator complete III material has been accomplete III f. Sign ator completes IVa	Signature s IIa-b and Tr attire la-c and Dest c. US EPA N 56-05 epted and to the atture a-f and Opera	ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes inatio	e. Date es IIId-g) Indication Sp	40 CFR 26	9/2013	>
Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Agent Name and Address: Force Transportation, Inc. DESTINATION (Generator Name (Print) DESTINATION (Generator Name (Print) DESTINATION (Generator Name (Print) DISPOSAL Facility and Site Address: Force Transportation, Inc. DESTINATION (Generator Name (Print) DESTINATION (Generator Name (Print) ASBESTOS (Generator Name and Address: Operator's Name and Address: Operator's Name and Address: Operator's Name and Address:	equirements of 40 CFR (Print) q. enerator complete d. sign erator complete III material has been accomplete III f. Sign ator completes IVa	Signature s IIa-b and Tr attire la-c and Dest c. US EPA N 56-05 epted and to the atture a-f and Opera	ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes inatio	e. Date es IIId-g) Indication Sp	40 CFR 26	9/2013	>
Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Authorized Agent Name TRANSPORTER (Generator Agent Name and Address: Force Transportation, Inc. DE. Joe Orr Road icago Heights, IL 60411 Phone: 630 243-8860 Driver Name (Print) DESTINATION (Generator Agent (Print) DESTINATION (Generator Agent (Print) Name of Authorized Agent (Print) ASBESTOS (Generator Agent Agent (Print) Operator's Name and Address: ot Applicable Phone: Special Handling Instructions and	equirements of 40 CFR (Print) q. (Print) q. enerator complete d. sign erator complete III material has been accompletes IVa Additional Information	Signature s IIa-b and Tr ature la-c and Dest c. US EPA N 56-05 epted and to the ature a-f and Opera	ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes ination Site completes inatio	e. Date es Illd-g) Indication Sp a foregoing is to g. Date cy Name and	40 CFR 26 7. Date r. Date ace:	51. 15/2013 15/2013	3



ABS, INC

If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)					
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	nent Number NH - 39		c. Page	1 of1	
d. Generator's Name and Location:			e. Generator's Mailing A	Address:	<u> </u>	11	
USEPA Region 5		4	USEPA Region 5			:	
947 West Cullerton St			77 West Jackson Blvd S	SE-5J			
Chicago IL 60608 f. Phone:312-353-9351			Chicago, Illinois 60604 g. Phone:312 353-9351			11	
If owner of the generating facility differs fr	om the generator,	provide:	g. Phone, 512 555-9551				
h. Owner's Name:			i. Owner's Phone No.:			÷	
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	m. Cor	tainers	n. Total	o. Unit
•		Description	. •	No.	Type	Quantity	Wt/Vol
47181312520	2/1/14	non hazardou	is, treated soil				
				001	DT	18	Yards
							
				<u> </u>	<u> </u>		
GENERATOR'S CERTIFICATION: I here	eby certify that the	e above named mate	rial is not a hazardous wa	iste as define	d by 40 C	FR 261 or any	applicable
state law, has been properly described, c							
waste is a treatment residue of a previous been treated in accordance with the requ							waste has
		1 200 and 15 no long	jei a nazaldous waste as	delilied by 4			
Mr. Jaine Brow) へ				8/19	9/2013	
p. Generator Authorized Agent Name (Pr		q. Signature	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		r. Date	<i> </i>	
II. TRANSPORTER (Gene			sporter completes II	lc-e)	<u> </u>		
a. Transporter's Name and Address:		·					/
Z Force Transportation, Inc.		NB43	5				
700 E. Joe Orr Road						1	
Chicago Heights, IL 60411						1	
						:	
b. Phone: 630 243-8860		, /		···· <u>·</u>			
+ Victor l Parmuel		/ フ		8/	19/20	713	
c. Driver Name (Print)	d. Sigi	nature		e. Date	-	1	
III. DESTINATION (General		· · · · · · · · · · · · · · · · · · ·	ation Cita completes				
	itoi compiete i		'			:	
a. Disposal Facility and Site Address: Newton County Landfill	•	c. US EPA Nun 56-05	nber d. Discrepancy Inc NA	dication Spac	e:	1	
2266 E. 500 South		30-00	INO		").	/ 🔽 ')
Brook, IN 47922	armer .		Contract of the second second	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	1	10 -	
b. Phone: 219.394.7222 or 7221				- Language and American			
I herby certify that the above named mate	erial has been acc	cepted and to the bes	st of my knowledge the for	regoing is tru	e and acci	ırate. /	
			- The Cape Balance & Balance		711	9/1/	
Name of Burth of the Act of Park 10	1.0)
e. Name of Authorized Agent (Print)	f. Sign			g. Date		. !	
IV. ASBESTOS (Generator	completes IV	a-t and Operator					
a. Operator's Name and Address:			q Responsible Agency I	Name and Ac	ldress:		
Not Applicable			Not Applicable			* :	
b. Phone:			d. Phone:		r		
e. Special Handling Instructions and Add	itional Information		G. / HORO.				
5. Special Figuresia metrodictio and made	acina anomination	* #. ?					
						:	
f. Friable Non-Friable Bot	h % i	Friable	% Non-Friable			1	
OPERATOR'S CERTIFICATION: I hereb	y declare that the	contents of this con	signment are fully and acc	curately desc	ribed abov	e by proper sh	ipping name
and are classified, packed, marked and l	abeled and are in	all respects in prope	r condition for transport by	y highway ac	cording to	applicable inte	rnational and
national governmental regulations.		· · · · · · · · · · · · · · · · · · ·					
		-					
O	1. 0:-			; D-4-			
g. Operator's Name and Title (Print) *Operator refers to the company which or	h. Sig	nature	anciese the facility being	i. Date	r renewato	d or the demo	lition or
renovation operation or both	wile, idases, open	ales, Willions, Of Sur	civises the lacility being (acmonarieu U	richovate	u, or are denilo	nuon oi



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV

If waste is NOT asbestos waste, complete Sections I, II and III

TUCK

TOCK

I. GENERATOR (Generate	or completes la								
a. Generator's US EPA ID Number		b. Manifest Docum	ent Number H-9	<u>ව</u>	c. Page	1 of1			
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing Address: Environtemental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone:636-227-7477						
If owner of the generating facility differs fr	om the generator,	provide:				:			
h. Owner's Name:			i. Owner's Phone No.						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
47181312520	2/1/14		ıs, treated soil	110.	1,750				
			territoria de la companya de la companya de la companya de la companya de la companya de la companya de la comp	001	DT	18	yd ³		
						:			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requi	lassified and packa sly restricted hazar	iged, and is in prop dous waste subject	er condition for transpor to the Land Disposal R	rtation accordin	g to applic ertify and v	able regulation varrant that the	s; AND, if this		
Steve taryou		Sour -			81	19/13			
p. Generator Authorized Agent Name (Prill. TRANSPORTER (Generator Authorized Agent Name (Prill.)		Signature	enorter completes	llc-e)	r. Date				
a. Transporter's Name and Address:	crator complete	3 na-b and Trai	isporter completes	no c)					
l. El	_		/						
b. Phone:		In O		0	19_	17			
c. Driver Name (Print)		ature	arrell	e. Date					
III. DESTINATION (General	tor compléte III						,		
Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c. US EPA Num 56-05	d. Discrepancy I NA	Indication Spac	e:	9-6			
b. Phone: 219.394.7222 or 7221					<u>l</u>				
I herby certify that the above named mate	erial has been acce	epted and to the bes	st of my knowledge the	roregoing is tru	and accu	rate. / -	}		
Alama of Authorized Aport (Drint)	f. Signa			g. Date	01	· · · · · · ·			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator			complete IVa-i)	g. Date					
a. Operator's Name and Address: Not Applicable			c. Responsible Agency Not Applicable	y Name and Ad	dress:				
b. Phone:			d. Phone:			: 1			
e. Special Handling Instructions and Add	itional Information:								
f. Friable Non-Friable Bot	h %Fi	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and la national governmental regulations.	y declare that the o abeled and are in a	contents of this con: all respects in prope	signment are fully and a r condition for transport	ccurately desc by highway ac	ribed abov cording to	e by proper sh applicable inte	pping name mational and		
						:			
g. Operator's Name and Title (Print)	h. Sign	ature	1	i. Date		1 221	lisi		
*Operator refers to the company which or renovation operation or both	wns, leases, opera	tes, controls, or sup	ervises the facility being	g demolished o	r renovate	a, or the demo	ition of		



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

	_
Truck # 0104	
To sok the ord	
7(000	

 GENERATOR (Generato 	r completes la	≀- r)							
a. Generator's US EPA ID Number			ocument Number H - 01 c. Page 1 of						
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351	1		e. Generator's Mailing Address: Environtemental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone:636-227-7477						
If owner of the generating facility differs fro	om the generator,	provide:	g. (none.coo 221-1471						
h. Owner's Name:			i. Owner's Phone No.:			4.1 4.1			
j. Waste Profile #	k. Exp. Date		ping Name and	m. Cor	ntainers	n. Total	o. Unit		
47181312520	2/1/14	Description	us, treated soil	No.	Туре	Quantity	Wt/Vol		
	271714	Tion mazardot	is, treated Sui	001	DT	18	yd ³		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previousl been treated in accordance with the requirement.	assified and packa ly restricted hazard	iged, and is in prop dous waste subiect	er condition for transportati to the Land Disposal Resti	on accordin	ig to applic ertify and v	able regulation	s AND if this		
p. Generator Authorized Agent Name (Prin		Signature			r. Date	11.15			
II. TRANSPORTER (Gene a. Transporter's Name and Address:			nsporter completes IIc	;-e)	1 = 0.0				
b. Phone:	A. P. vill	#oley	Pela	e. Date	3-19-	<u> </u>			
III. DESTINATION (Generat			tion Site completes II						
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Num 56-05	d. Discrepancy India	Cation Space	3	!			
I herby certify that the above named mater	ial has been acce	pted and to the bes	t of my knowledge the fore	going is tru	e and accu	rate.			
		and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and t		1 >	S = X	1-1-)		
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator				:			
Operator's Name and Address: Not Applicable			c. Responsible Agency Na Not Applicable	ame and Ad	ldress:	:			
b. Phone:			d. Phone:			1 ×			
e. Special Handling Instructions and Additi	ional Iπformation:					:			
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packed, marked and lat national governmental regulations.	declare that the coeled and are in a	ontents of this cons Il respects in prope	signment are fully and accu r condition for transport by	rately descr highway acc	ribed above cording to	e by proper shi applicable inter	pping name national and		
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa	ature res controls or sun	onvises the facility balant do	i. Date	r renovata	d arthadam-	ition or		
renovation operation or both	, icases, uperat	.co, controls, or sup	ervises the racility being de	anulished 0	rienovate	u, or the demol	ILION OF		



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV

If waste is NOT asbestos waste, complete Sections I, II and III

TUCK

I. GENERATOR (Generato	r completes la-	r)	<u>.</u>		1 5 . 4		
a. Generator's US EPA ID Number		 b. Manifest Docum 	ent Number H - C	1	c. Page 1	от 1	
			/V II	a Address:		•	
d. Generator's Name and Location:			e. Generator's Mailin Environtemental Res	ig Addiess. storation			
USEPA Region 5			1666 Fabick Dr	20. 2			
947 West Cullerton St			Fenton MO 63026				
Chicago IL 60608			g. Phone:636-227-74	477.			
f. Phone:312-353-9351 If owner of the generating facility differs fr	om the generator. D	rovide:					
If owner of the generating facility directors	om me generally						
h. Owner's Name:			i. Owner's Phone No	D.:	ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date		ping Name and	No.	Type	Quantity	Wt/Vol
	0/4/4	Description	s, treated soil	110.	1		
47181312520	2/1/14	fion nazardot	is, theated son			•	.3
				001	171	18	124
				W1		10	1.90
			Ÿ				
			3- 1				
							
				İ			1
			:				
						D 004	iblo
GENERATOR'S CERTIFICATION: I her	eby certify that the	above named mate	erial is not a hazardous	s waste as defin	ed by 40 CF	R 261 of any	applicable
GENERATOR'S CERTIFICATION: I her state law, has been properly described, or	lassified and packa	aged, and is in prop	er condition for transp	Postrictions 1	ud to abbiice	arrant that the	waste has
been treated in accordance with the requ	irements of 40 CFF	200 and is no ion	ger a nazardous wask	o do domica sy	10	17 13	
Stave Farta		Store	There.		0	7) -/-<	
p. Generator Authorized Agent Name (P	rint)	Signature	0		r. Date		
	orator complete	s IIa-h and Tra	nsporter complete	es IIc-e)			
II. TRANSPORTER (Gen	erator complete	3 Hd D drid 176					
a. Transporter's Name and Address:							
			· ·				
b. Phone:					121.1		
Tase sida	4	Tari 16	1n		0/19/	13	
c. Driver Name (Print)	d. Sign	ature		e. Date	1 /		
	otor complete II	la-c and Destin	ation Site comple	tes IIId-a)			
	ator complete ii	c. US EPA Nu	mber d Discrenanc	y Indication Spa	ace:		
a. Disposal Facility and Site Address:		56-05	NA NA	y 1.14.04.14.14			
Newton County Landfill		30-03	1.0			manual &	
2266 E. 500 South Brook, IN 47922)\	$\langle \cdot \rangle \leq 0$	5
					1000		reads.
b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	terial has been acc	epted and to the be	est of my knowledge th	e toregoing is t	ne ann acci	rate.	
					\sim	11910	7
	£ C:==	-h.ro		g. Dat			
e. Name of Authorized Agent (Print)	f. Sign		r complete (Va i)	<u> </u>			
IV. ASBESTOS (Generato	or completes IV	a-r and Operato	complete (vg-I)	N	Address:		
a. Operator's Name and Address:			c. Responsible Age	ncy Name and	านนายรร.		
Not Applicable			Not Applicable				
I. Dhamai			d. Phone:				
b. Phone: e. Special Handling Instructions and Ad	ditional Information						
e. Special nationing instructions and Ad							
f. Friable Non-Friable Bo	oth % F	riable	% Non-Friable		coribed abov	e hy proper s	hinning name
f. ☐ Friable ☐ Non-Friable ☐ Bo OPERATOR'S CERTIFICATION: I here	by declare that the	contents of this co	nsignment are fully an	or accurately de	according to	applicable int	emational and
and are classified, packed, marked and	labeled and are in	all respects in prof	er condition for trainsp	orrol manage		F I	
national governmental regulations.							
			<u> </u>				···
g. Operator's Name and Title (Print)	h. Sia	nature		i. Dat	<u> </u>	-l ++4L + -l -	olition or
g. Operator's Name and Title (Print) *Operator refers to the company which	owns, leases, oper	ates, controls, or s	upervises the facility b	eing demolishe	or renovate	ea, or the aem	ORGOLI OL
renovation operation or both							



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV

If waste is NOT asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	NH-7579						
d. Generator's Name and Location:		1	e. Generator's Mailing Address:						
USEPA Region 5			Environtemental Resto	ration					
947 West Cullerton St			1666 Fabick Dr						
Chicago IL 60608			Fenton MO 63026 g. Phone:636-227-747	7					
f. Phone:312-353-9351	the separator	provido:	g. Phone.030-221-141	<u> </u>					
If owner of the generating facility differs fr	om the generator,	, provide.	: Oursele Phone No :						
h. Owner's Name:	I. Fire Data	L Masta Shin	i. Owner's Phone No.: ping Name and	m Co	ntainers	n. Total	o. Unit		
j. Waste Profile #	k. Exp. Date	Description	bing Marine and	No.	Туре	Quantity	Wt/Voi		
47181312520	2/1/14		ıs, treated soil						
4/181312520	271714	,,on mazarar				٠. ٨	.3		
				001	1171	18	124		
	<u> </u>				10.		7		
					<u> </u>				
				1					
	<u></u>				11. 10.0	FD 004			
GENERATOR'S CERTIFICATION: I her	eby certify that the	e above named mate	erial is not a hazardous w	aste as defin	ed by 40 C	FR 261 or any	applicable		
state law, has been properly described, of	lassified and paci	kaged, and is in prop	er condition for transport	ation accordi	ertify and	warrant that the	waste has		
waste is a treatment residue of a previou been treated in accordance with the requ	sly restricted haza	ardous waste subject	i io ine Lanu Dispusal Ne nor a bazardolis waste a	s defined by	40 CFR 26	1.	, 11dele 11de		
been treated in accordance with the requ	irements of 40 Cr	FR 200 and is no ion	ger a nazardoda waste d	o dominos by		0/			
Steve Farra		To.0/-			8	77-13			
p. Generator Authorized Agent Name (Pi		q-Signature			r. Date				
	erator complet	tes IIa-h and Tra	nsporter completes	llc-e)					
	erator complet	too ha b and the	noportor dempresa						
a. Transporter's Name and Address:			AND THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED OF TH						
	, (, a .						
b. Phone:	1			\ 	1				
X Alla	$M \ll$				8/19/	13			
LA LANDANIA	d Sig	nature		e. Date	-/ -!	-			
c. Driver Name (Print)			ation Site completes	s Wd-a)					
III. DESTINATION (Genera	ator complete	ma-c and Desun	ation one complete	-diaction Coc					
a. Disposal Facility and Site Address:		c. US EPA Nui	nber d. Discrepancy I NA	naication Spa	Ke.				
Newton County Landfill		56-05	IVA) /n /	(
2266 E. 500 South			January Market	H /((c					
Brook, IN 47922 b. Phone: 219.394.7222 or 7221				San San					
I herby certify that the above named mai	terial has been ac	cepted and to the be	st of my knowledge the f	oregoing is tr	ue and acc	urate.			
Thoray covery avacant		A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		A Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp		r 5		
		Carried Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy and Strategy a	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		And the second second	/_/_/_	- Alexander		
e. Name of Authorized Agent (Print)		nature	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	g. Ďate					
IV. ASBESTOS (Generato	r completes i\	Va-f'and Operato	r complete IVg-i)						
a. Operator's Name and Address:			с. Responsible Agency	y Name and A	\ddress:				
Not Applicable			Not Applicable						
				-					
			d Obess						
b. Phone:	distant Informatio		d. Phone:						
e. Special Handling Instructions and Ad	uicionai intornatio	и.							
f. Friable Non-Friable Bo	oth %	Friable	% Non-Friable						
1. (5	ta-ta of this co	nsignment are fully and a	ccurately des	scribed abo	ve by proper s	hipping name		
OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	labeled and are in	n all respects in prop	er condition for transport	by highway a	according t	o applicable int	ernational and		
national governmental regulations.									
		·		i. Date					
g. Operator's Name and Title (Print) *Operator refers to the company which	h. Si	ignature	menrises the facility bein	a demolished	or renova	ted, or the dem	olition or		
*Operator refers to the company which	owns, leases, ope	orates, controls, or st	aportions the tability both	g ==					
renovation operation or both									



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV

If waste is NOT asbestos waste, complete Sections I, II and III

TOCK

I. GENERATOR (General	or completes I	a-r)			т ===		·····-	
a. Generator's US EPA ID Number		b. Manifest Docum	NH-72 1					
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailir Environtemental Res 1666 Fabick Dr Fenton MO 63026 g. Phone:636-227-74	storation				
If owner of the generating facility differs t	from the generator	, provide:						
h. Owner's Name:			i. Owner's Phone No					
j. Waste Profile #	k. Exp. Date	1	oing Name and	m. Co No.	ntainers Type	n. Total Quantity	o. Unit Wt/Voi	
47181312520	2/1/14	Description non hazardou	s treated soil	NO.	Type	Quantity	712.01	
4/101312320	21114			001	DT	18	yd3	
						-		
GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste is a treatment residue of a previo been treated in accordance with the req	classified and pac usly restricted haz	:kaged, and is in prop ardous waste subiect	er condition for transp to the Land Disposal	Restrictions. 1 o	ertify and v	varrant that the	is, mile, ii iilis	
			da		0.	C-i 2		
Jeve Varan		a Signature			r. Date	7 ()		
p. Generator Authorized Agent Name (Fil. TRANSPORTER (Ger	perator comple	9. 0.9	sporter complete	s IIc-e)				
a. Transporter's Name and Address:	iciator compre	100 110 2 4110 7101		<u> </u>	·			
b. Phone: Michael C. BIB c. Driver Name (Print)	AU A	Miner Constitute	37)—	e. Date	7/19/1	3_		
III. DESTINATION (Gener	rator complete	Illa-c and Destin	ation Site complet	tes lild-g)				
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	/	c. US EPA Nun 56-05	nber d. Discrepand NA	y Indication Spa		urate:	2	
		Application of the second second second second second second second second second second second second second		>	~~	e James de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la compan		
e. Name of Authorized Agent (Print)	f. Sig	nature		g. Óate	- A	1 1	A. C. C. C. C. C. C. C. C. C. C. C. C. C.	
IV. ASBESTOS (Generat			complete IVg-i)					
a. Operator's Name and Address: Not Applicable		· ·	c. Responsible Age Not Applicable	ncy Name and A	Address:			
			d. Phone:					
b. Phone: e. Special Handling Instructions and Art	dditional Informatio	on:	d. Frionc.					
f. Friable Non-Friable B	oth %	Friable	% Non-Friable					
OPERATOR'S CERTIFICATION: I her and are classified, packed, marked and national governmental regulations.	- bu de elece thet ti	o contente of this cor	nsignment are fully and er condition for transp	d accurately des ort by highway a	scribed abo according to	ve by proper stop applicable into	nipping name ernational and	
g. Operator's Name and Title (Print) *Operator refers to the company which	h. S	ignature	nanciege the facility he	i. Date	or renovat	ed, or the demo	olition or	
*Operator refers to the company which	owns, leases, ope	erates, controls, or su	heisises me racintà no	Jing domononou		•		



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes is		<u> </u>						
a. Generator's US EPA ID Number		b. Manifest Docun	NH-95						
d. Generator's Name and Location:			e. Generator's Mailing Address:						
			Environtemental Resto	ration					
USEPA Region 5 947 West Cullerton St			1666 Fabick Dr						
Chicago IL 60608			Fenton MO 63026						
f. Phone:312-353-9351			g. Phone:636-227-747	7.					
If owner of the generating facility differs fr	om the generator	, provide:	:						
f. Oumaria Namo:			i. Owner's Phone No.:						
h. Owner's Name:	k. Exp. Date	L Waste Shir	ping Name and	m. Co	ntainers	n. Total	o. Unit		
j. Waste Profile #	R. Exp. Date	Description		No.	Type	Quantity	Wt∕Vol		
47181312520	2/1/14		us, treated soil						
47 181312320	2,,,,,	,,,	·		l		.3		
1				001	17	18	الما		
			<u> </u>	<u> </u>	V'	10	yo		
							1		
			:	ļ					
		İ							
				uncto ac dofin	ed by 40 C	FR 261 or any a	nnlicable		
GENERATOR'S CERTIFICATION: I her state law, has been properly described, or	eby certify that the	e above named mat	end is not a nazardous w	rasic as utilli tation accordi	na to annlic	able regulations	: AND, if this		
state law, has been properly described, of waste is a treatment residue of a previou	lassified and pac	kaged, and is in prop	t to the Land Dienesai Re	etrictions I	ertify and i	warrant that the	waste has		
waste is a treatment residue of a previou been treated in accordance with the requ	sty restricted naza	ardous waste subjec	it (O tille Latiu Dispusati ne noor a hazardolle Waste a	s defined by	40 CFR 26	1.			
been treated in accordance with the requ	irements of 40 Cr	1 200 and is no ion	iger a nazardodo wdoto d	0 40111104 2)	T				
Steve Fara		- Janou			8-	13-13			
p. Generator Authorized Agent Name (P		a. Signature			r. Date				
	aratar cample		neporter completes	lic-e)					
	erator comple	tes na-b and ma	maporter dempietes	110 0)					
a. Transporter's Name and Address:									
i. Diame									
b. Phone:		11111	00		-21.0	2.42			
Christon bour 11 1948	' *\- /	Lundenhy	1/her		8/19/	2013			
c. Driver Name (Print)	d. Sid	nature		e. Date					
	etor complete	Illa-c and Destir	ation Site completes	s IIId-a)					
	ator complete	c. US EPA Nu	mber d. Discrepancy I	ndication Sna	ce.		. /		
a. Disposal Facility and Site Address:		56-05	NA NA	nullation ope		11 D	4-		
Newton County Landfill		30-113				100	1		
2266 E. 500 South				•	ومسيه	-	1		
Brook, IN 47922 b. Phone: 219.394.7222 or 7221									
I herby certify that the above named mat	erial has been ac	cented and to the be	st of my knowledge the f	oregoing is tr	ue and acc	urate.			
Therby certify that the above marries may			7			1101	~		
		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th							
e. Name of Authorized Agent (Print)	f. Sig	паture		g. Date					
			or complete (Va-i)						
	, completed it		c. Responsible Agency	V Name and A	ddress:				
a. Operator's Name and Address:			Not Applicable	, maine and r					
Not Applicable			. tot i ibbilionato						
b. Phone:			d. Phone:						
e. Special Handling Instructions and Ad	ditional Informatio	n:							
e. Special Hallotting Institutions and Au-			5 6						
			<u> </u>						
f. Friable Non-Friable Bo	ith %	Friable	% Non-Friable						
T. T. T. T. T. T. T. T. T. T. T. T. T. T	L. da alasa that th	e contents of this co	nsignment are fully and a	accurately des	cribed abo	ve by proper shi	pping name		
and are classified, packed, marked and	labeled and are in	n all respects in prop	er condition for transport	by highway a	ecording to	applicable inte	national and		
national governmental regulations.			<u></u>						
			::						
		<u>,</u>		i. Date					
g. Operator's Name and Title (Print)				1 1 1370					
	h. Si	gnature	, and a second	i. Date	4	ad artho doma	ition or		
g. Operator's Name and Title (Print) *Operator refers to the company which renovation operation or both	h. Si owns, leases, ope	gnature erates, controls, or si	upervises the facility bein	g demolished	or renovat	ed, or the demo	ition or		



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\tt NOT}}$ asbestos waste, complete Sections I, II and III

Truck# TO

Generator's Name and Location: SEPA Region 5 47 West Cullerton St Hickago IL 60608 Phone: 312-353-9351 BENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste usibled to the Longor and waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. SENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Longor transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Longor transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Longor transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Longor hazardous waste as defined by 40 CFR 261. SENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste waste as defined by 40 CFR 261. SENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste as defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste as defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a p	. GENERATOR (Generat	or completes la-	r)			. D	1	
SERPA Hargen S Trivest Culterton St hicago It 9,0008 Ported St 293-9351 Owner of the generating facility differs from the generator, provide: Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St	a. Generator's US EPA ID Number		b. Manifest Docun	nent Number $H-9$	1	c. Page		
SERPA Hargen S Trivest Culterton St hicago It 9,0008 Ported St 293-9351 Owner of the generating facility differs from the generator, provide: Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St 2007 Johnson St				Canacatada Mailina	Address:	·		
SENERATOR'S CERTIFICATION: I hereby cortly that the above named material is not a hazardous waste as defined by 40 CFR 251 or any applicable casts law, has been properly of approximately restricted hazardous waste as defined by 40 CFR 251 or any applicable casts law, has been properly of approximately restricted hazardous waste as defined by 40 CFR 251 or any applicable casts law, has been properly of approximately restricted hazardous waste as defined by 40 CFR 251 or any applicable casts law, has been properly of approximately restricted hazardous waste subject to the Land Disposal Restrictions. Lending waste that waste has been restricted in accordance with the requirements of 40 CFR 258 and is no longer a hazardous waste as defined by 40 CFR 251. TRANSPORTER (Generator completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter completes IIIa-b and Transporter complet								
Fenten MO 65026 Q. Phone 532-3351 wome of the generating facility differs from the generator, provide: Owner's Phone No:	USEPA Region 5				STORIOTT.			
Prones 32 25-351 outner of the generating facility differs from the generator, provide: Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone No. Outner's Phone N								
Owner's Name: Cover's Name: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone No: Cover's Phone					77			
Owner's Name: Cover's Profice # K. Exp. Date I. Wasts Shipping Name and m. Containers n. Total v. Unit Description No. Type Ouanity V. World Description No. Type Ouanity V. World No. Type Ouanity V. World No. Type Ouanity V. World No. Type Ouanity V. World No. Type Ouanity V. V. V. V. V. V. V. V. V. V. V. V. V.	f. Phone:312-353-9351	from the generator in	rovide:	g				
Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Light Ligh	if owner of the generaling facility differs t	nom me generator, p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Waste Profile # K. Exp. Date Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name and Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description Name Description	h. Owner's Name:						n Total	o Unit
Till 312520 2/1/14 Non-Prable Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Dat	i. Waste Profile #	k. Exp. Date	1	oping Name and			1	
GOIDTIS GRAPATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable regulations, AND, if this state law, has been properly described dissafied and packaged, and is in proper condition for transportation according to applicable regulations, AND, if this state law, has been properly described hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been incated in accordance with the requirements of 40 CFR 263 and is no longer a paradrous waste as defined by 40 CFR 261. SHOPE OCENITATION (Generator complete III and Disposal Restrictions of the paradrous waste as defined by 40 CFR 261. I. TRANSPORTER (Generator completes III and Disposal Pacific Print) II. TRANSPORTER (Generator complete III and Disposal Pacific Print) III. DESTINATION (Generator complete III and Disposal Pacific Print) III. DESTINATION (Generator complete III and Disposal Pacific Print) III. DESTINATION (Generator complete III and Disposal Pacific Print) III. DESTINATION (Generator complete III and Disposal Pacific Print) III. DESTINATION (Generator complete III and Disposal Pacific Print) III. DESTINATION (Generator complete III and Disposal Pacific Print) III. Service Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print P					No.	туре	Quantity	*******
ENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable riske law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if this visible is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261 or any applicable regulations. AND, if this visible is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. SHAPP AND AND AND AND AND AND AND AND AND AND	47181312520	2/1/14	non hazardo	us, treated soil				2
ENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable riske law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if this visible is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261 or any applicable regulations. AND, if this visible is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. SHAPP AND AND AND AND AND AND AND AND AND AND		•				M	1 Q	113
state law, has been properly described, classified and packaged, and is in proper to rollution of interment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been accepted and to the properties of the completes III. DESTINATION (Generator completes III.)					(O)	VI	10	140
state law, has been properly described, classified and packaged, and is in proper to rollution of interment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been accepted and to the properties of the completes III. DESTINATION (Generator completes III.)								,
state law, has been properly described, classified and packaged, and is in proper to rollution of interment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been accepted and to the properties of the completes III. DESTINATION (Generator completes III.)								
state law, has been properly described, classified and packaged, and is in proper to rollution of interment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been accepted and to the properties of the completes III. DESTINATION (Generator completes III.)								
state law, has been properly described, classified and packaged, and is in proper to rollution of interment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been accepted and to the properties of the completes III. DESTINATION (Generator completes III.)								
state law, has been properly described, classified and packaged, and is in proper to rollution of interment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been accepted and to the properties of the completes III. DESTINATION (Generator completes III.)								
state law, has been properly described, classified and packaged, and is in proper to rollution of interment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been accepted and to the properties of the completes III. DESTINATION (Generator completes III.)								
state law, has been properly described, classified and packaged, and is in proper to rollution of interment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been accepted and to the properties of the completes III. DESTINATION (Generator completes III.)								
state law, has been properly described, classified and packaged, and is in proper to rollution of interment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been accepted and to the properties of the completes III. DESTINATION (Generator completes III.)						od by 40 C	ED 261 or any	applicable
state law, has been properly described, classified and packaged, and is in proper to rollution of interment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. Comment of the individual of the properties of the Land Disposal Restrictions. I certify and warrant that the waste has been accepted and to the properties of the completes III. DESTINATION (Generator completes III.)	GENERATOR'S CERTIFICATION: I he	reby certify that the	above named mat	erial is not a nazardous	waste as denn dotion accordi	eu by 40 C na to annli	cable regulation	s: AND. if this
Deen treated in accordance with the requirements of 40 CFR Zos and is not totally state and accordance with the requirements of 40 CFR Zos and is not totally state and accordance with the requirements of 40 CFR Zos and Sin Bit State and Transporter Completes III. DESTINATION (Generator completes IIIa-b and Transporter Completes IIId-g) DESTINATION (Generator complete IIIIa-c and Destination Site completes IIId-g) DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator complete IIIIa-c and Destination Site completes IIId-g) DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator complete IIIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g) DESTINATION (Generator compl								
p. Generator Authorized Agent Name (Print) p. Generator Authorized Agent Name (Print) p. Generator Authorized Agent (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Conver Name (Print) p. Name of Authorized Agent (Print) p. Name and Address: p. Not Applicable p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Phone: p. Date p. Phone: p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date p. Date	waste is a treatment residue of a previo	usly restricted hazar	gous waste subjec	oner a hazardous Waste	as defined by	0 CFR 26	1.	
December of Authorized Agent Name (Print) Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: D	been treated in accordance with the rec	ulrements of 40 CFF	1 200 and is no lot	iger estiazardodo maoto	do domino 3)	0	<i>m</i>	
December of Authorized Agent Name (Print) Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: Description and Address: D	STEDE FORCE		Teno	Na use		07	7-13	
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: e. Name of Authorized Agent (Print) f. Signature e. Name of Authorized Agent (Print) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable OPERATOR'S CERTIFICATION: Hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and and classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date OPERATOR'S CERTIFICATION: Hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date The proper of the Certific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Cartific Ca		Orint)	Signature	7		r. Date		
a. Transporter's Name and Address: b. Phone: C. Driver Name (Print) C. Driver Name (Print) C. Driver Name (Print) C. Driver Name (Print) DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219, 394, 7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Separation of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. G. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	p. Generator Authorized Agent Name (- aratar camplata	e IIa h and Tr	ensorter completes	: Uc-e)			
b. Phone: Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Des	II. TRANSPORTER (Get	nerator complete	S Ha-D allu TT	anaporter completes	, 110 G)			
c. Driver Name (Print) III. DESTINATION (Generator complete Illa-c and Destination Site completes Illid-g) a. Disposal Facility and Site Address: Newton County Landfill 266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 Therby certify that the above named material has been accepted and for the best of my knowledge the foregoing is true and accurate. P. Nasestos (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: C. Responsible Agency Name and Address: Not Applicable d. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Mon-Friable Both Friable Mon-Friable Mon-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	 a. Transporter's Name and Address: 							
c. Driver Name (Print) III. DESTINATION (Generator complete Illa-c and Destination Site completes Illid-g) a. Disposal Facility and Site Address: Newton County Landfill 266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 Therby certify that the above named material has been accepted and for the best of my knowledge the foregoing is true and accurate. P. Nasestos (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: C. Responsible Agency Name and Address: Not Applicable d. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Mon-Friable Both Friable Mon-Friable Mon-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								
c. Driver Name (Print) III. DESTINATION (Generator complete Illa-c and Destination Site completes Illid-g) a. Disposal Facility and Site Address: Newton County Landfill 266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 Therby certify that the above named material has been accepted and for the best of my knowledge the foregoing is true and accurate. P. Nasestos (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: C. Responsible Agency Name and Address: Not Applicable d. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Mon-Friable Both Friable Mon-Friable Mon-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								
c. Driver Name (Print) III. DESTINATION (Generator complete Illa-c and Destination Site completes Illid-g) a. Disposal Facility and Site Address: Newton County Landfill 266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 Therby certify that the above named material has been accepted and for the best of my knowledge the foregoing is true and accurate. P. Nasestos (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: C. Responsible Agency Name and Address: Not Applicable d. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Mon-Friable Both Friable Mon-Friable Mon-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	h Phone:							
III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIIId-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219, 394,7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: I. Friable Non-Friable Both Friable Mon-Friable I Hone.			<u> </u>		x 169 1	13		
III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIIId-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219, 394,7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: I. Friable Non-Friable Both Friable Mon-Friable MIGAT	K/a	200	Unde		<u> </u>	1/		
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 l herby certify that the above named material has been accepted and fo the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i, Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	c Priver Name (Print)			<u> </u>				
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 l herby certify that the above named material has been accepted and fo the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i, Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	III DESTINATION (Gene	rator complete II	Ia-c and Desti	nation Site complete	es IIId-g)			
As Disposar a rating and successive disposars and second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			c. US EPA Nu	ımber d. Discrepancy	Indication Spa	ice:	a 25	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Non-Friable Mon-Friable Mon	A. Disposal racility and one Address.						. 47	
Brook, IN 47922 b. Phone: 219.394.7222 or 7221 b. Phone: 219.394.7222 or 7221 b. Phone: 219.394.7222 or 7221 c. Name of Authorized Agent (Print) f. Signature g. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature 'Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or			and the second second second	Market and Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of				}
b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date V. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both	:		Samuel Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Sp	The County of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the			1 / '	
e. Name of Authorized Agent (Print) f. Signature V. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Whon-Friable Section of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Cperator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or			No. of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of		r		nuroto -	
e. Name of Authorized Agent (Print) f. Signature g. Date W. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable herby certify that the above named m	aterial has been acc	epted and to the b	est of my knowledge the	toregoing is tr	ue and ac	o d		
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both				- with section to the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of			416)	
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both			.1	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	a Data	()/	7 L	
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable Name of Authorized Agent (Print)				y, Date				
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable ASBESTOS (General	tor completes IV:	a-f and Operat	or complete IVg-I)					
Not Applicable b. Phone: c. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable M					cy Name and A	\ddress:		
b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both	Not Applicable		Company that despite a service	Not Applicable				*
e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	11011 Abusana							
e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or				J D4				
e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	b. Phone:			d. Prione:				
f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	e. Special Handling Instructions and A	dditional Information	1:					
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	1							
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or		Poth 0/ t	Friable	% Non-Friable				
and are classified, packed, marked and labeled and are in all respects in proper condition for dailsport by rights and requiremental regulations. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or		20411	م منطلا کے ایا ا	signment are fully and	accurately des	cribed ab	ove by proper s	hipping name
g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	OPERATOR'S CERTIFICATION: The	reby deciare that the	all respects in pro	ner condition for transpo	rt by highway	according t	o applicable int	ernational and
g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	and are classified, packed, marked an	iu iabeleu aliu ale ili	an respects in pre					
g. Operator's Name and Title (Print) Th. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	national governmental regulations.							
g. Operator's Name and Title (Print) Th. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								·····
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition of	- Coordade Name and Title (Print)	h. Sia	inature		i. Date	<u> </u>		1
renovation operation or both	g. Operator refers to the company which	h owns, leases, oper	ates, controls, or	supervises the facility be	ing demolished	or renova	ted, or the dem	iolition of
	renovation operation or both	,,						



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

Truck to 104

I. GENERATOR (General					D	4 - 5	
a. Generator's US EPA ID Number	l p	. Manifest Docun	Tent Number A J H	-98	c. Page	1	
			V V	1 C		······································	
d. Generator's Name and Location:			e. Generator's Mail Environtemental Re				
USEPA Region 5 947 West Cullerton St			1666 Fabick Dr	20101011011			
Chicago IL 60608			Fenton MO 63026				
f. Phone:312-353-9351			g. Phone:636-227-	7477			
If owner of the generating facility differs fr	om the generator, pr	ovide:					
				•			
h. Owner's Name:	L. E. D.4.	1 Marks Chin	i. Owner's Phone N		ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	Type	Quantity	Wt/Vol
47181312520	2/1/14		us, treated soil	110.	1300	- Cauntry	
47 10 13 12 32 0	271714	110) (Hazardo	, iroatoa oon (;				13
				0/51	01	018	
			ý ,	061	ו עצ	00	10
			11				
			1				
			3				
			<u> </u>				
			j				
			9				
GENERATOR'S CERTIFICATION: I her	eby certify that the al	bove named mate	erial is not a hazardou	s waste as define	ed by 40 C	FR 261 or any	applicable
state law, has been properly described, o	lassified and packag	ed, and is in pror	per condition for trans	portation according	ig to apple	cable regulation	s; AND, if this
waste is a treatment residue of a previou	sly restricted hazardo	ous waste subjec	t to the Land Disposa	Restrictions. 1 c	enity and t	warrani inai ine 1	waste nas
been treated in accordance with the requ	Irements of 40 CFR	200 and is now	ger a nazarous wasi	e as defined by -	0 01 17 20	1.1.	
Stave tars	au _	70.0	(Qui		19	119/13	
p. Generator Authorized Agent Name (P		Signature	-3-11		r. Date	1 1	
II. TRANSPORTER (Gen			nsporter complete	es IIc-e)			
	erator completes	na-bana na	naporter complete	00 110 0)			
a. Transporter's Name and Address:			1				
			ž.				
			14 15				
b. Phone:			*		<i>i</i>		
	1 10	in son I	Vella !	18	119/1	3	
I vend We	- 1	7214Y	J. J. Delle	O Date	''/		
c. Driver Name (Print)	d / gnat			e. Date			
III. DESTINATION (General	ator complete Illa						
a. Disposal Facility and Site Address:		c. US EPA Nui		cy Indication Spa	ce:		
Newton County Landfill		56-05	NA	-1/12	۸)		
2266 E. 500 South				71.11	Market and San San San San San San San San San San		
Brook, IN 47922 b. Phone: 219.394.7222 or 7221			1 6		<i>y</i> .		
I herby certify that the above named mat	erial has been accer	ofed and to the be	st of my knowledge th	e foregoing is tru	e and acc	urate.	vale.
Therby certify that are above harred than			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	>	10 mm	12/10	lenen.
		De la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la	A CONTROL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	5 (<u> </u>	$f_{-}f_{-}f_{-}$	aradi .
e. Name of Authorized Agent (Print)	f. Signat		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	g. Date	,	The second	
IV. ASBESTOS (Generato	r completes IVa-	f and Operato	r complete IVg-i)				
a. Operator's Name and Address:		•	c. Responsible Age	ncy Name and A	ddress:		
Not Applicable			Not Applicable	•			
			ļ.				
			:				
b. Phone:			d. Phone:				
e. Special Handling Instructions and Add	ditional Information:		* *1				
f ☐ Friable ☐ Non-Friable ☐ Bo	th % Fri	able	% Non-Friable				
f. Friable Non-Friable Bo	tn % FIII	aule	neignment are fully an	id accurately des	cribed abo	ve by proper sh	ipping name
and are classified, packed, marked and	by ucciaire mai me co laheled and are in al	tespects in prop	er condition for transc	ort by highway a	ccording to	applicable inte	rnational and
national governmental regulations.	INDUICU LING BIO SI AI	opood in prop	2. 202.2.77 for dallop				
material governmental regulation							
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date		1	Culana
*Operator refers to the company which	owns, leases, operate	es, controls, or su	pervises the facility b	eing demolished	or renovat	ea, or the demo	DIIION OF
renovation operation or both							



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\tt NOT}}$ asbestos waste, complete Sections I, II and III

GENERATOR (Ge	enerator completes	la-r)						
a. Generator's US EPA ID Number	Г	b. Manifest Doce	ıment Number	_	c. Page 1 of			
			1/H-	77	C. Page 101	1		
d. Generator's Name and Location	1.		e. Generator's Maili	na Address:	<u> </u>			
USEPA Region 5 947 West Cullerton St			Environtemental Re	storation				
Chicago IL 60608			1666 Fabick Dr					
f. Phone:312-353-9351			Fenton MO 63026					
If owner of the generating facility d	iffers from the generator	r provide.	g. Phone:636-227-7	477				
	ganerator	, provide.						
h. Owner's Name:			i. Owner's Phone No) ·				
j. Waste Profile #	k. Exp. Date	I. Waste Sh	ipping Name and					
47181312520 2/1/14		Description		No.		otal o. Unit		
17 10 10 12 320	2/1/14	non hazardo	ous, treated soil			770001		
			•			-		
				001	DT 18	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
			. <u> </u>		0 11	10		
		İ		1	•	V		
				İ				
					- 5°			
					A Company			
				^ .				
GENERATOR'S CERTIFICATION: state law, has been properly describ	I hereby certify that the	above named mate	erial is not a hazardoue	worte on defin-	d to 40 055 55			
state law, has been properly descril waste is a treatment residue of a pr	bed, classified and pack	aged, and is in prop	per condition for transpo	wasie as define dation accordin	a to applicable s	1 or any applicable		
waste is a treatment residue of a pr been treated in accordance with the	eviously restricted haza	rdous waste subjec	t to the Land Disposal R	estrictions Lo	y to applicable fi	egulations; AND, if this		
been treated in accordance with the	requirements of 40 CF	R 268 and is no lon	ger a hazardous waste	as defined by 4	0 CFR 261	t triat trie waste has		
HERE TOTAL	~.	52	X		aliali			
p. Generator Authorized Agent Nah	ne (Print)	Signature			8/17/1	` う		
II. TRANSPORTER (Generator complete	yirature To the board Too	$\overline{}$		r. Date			
ii. TRANSPORTER (0 a. Transporter's Name and Address	Cenerator complete	es lia-b and Tra	nsporter sompletes	IIc-e)				
The second of the second Address	"·	18453	•			· · · · · · · · · · · · · · · · · · ·		
b. Phone:								
Victor 1 Taimuel	× 1/~	2		1 2	1 1 -			
c. Driver Name (Print)				0	119113			
	d. Sign	ature		e. Date	7 /			
	nerator complete III	la-c and Destina	ation Site completes	s lild-g)				
 a. Disposal Facility and Site Address Newton County Landfill 	3.	c. US EPA Num	ber d. Discrepancy I	ndication Space	·			
2266 E. 500 South		56-05	NA	ориос	0 20	~ C		
Brook, IN 47922		Constitution of the second	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		161	7 7		
b. Phone: 219.394.7222 or 7221				N. Annyangan		, de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		
I herby certify that the above named	material has been acce	pted and to the hes	t of my knowledge the f	nennaine is t		_/		
			Knowledge tile ti	viegoing is true	and accurate.	/		
a Nama of Authorized A			- The second		< 7 / 9 /.			
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date	11-1-	No. 19-Per de		
IV. ASBESTOS (Gener	ator completes IVa	-f and Operator	complete (Va-i)					
a. Operator's Name and Address:			c. Responsible Agency	Nome and Add				
Not Applicable			Not Applicable	Name and Add	ress;			
·			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					
b. Phone:								
e. Special Handling Instructions and	Additional Information:		d. Phone:					
, and actions and	ловнопаниноннації.			-				
f. 🗌 Friable 🔲 Non-Friable 🔲	Both % Fri	able	% Non-Friable					
OPERATOR'S CERTIFICATION: I he and are classified, packed, marked a	arehy doclare that the a			Curately describ	ed above 5	non abia		
and are classified, packed, marked a national governmental regulations.	nd labeled and are in al	respects in proper	condition for transport h	v highway acco	ed above by bio	per snipping name		
national governmental regulations.				,gay 2000	and to abblicat	ne international and		
g. Operator's Name and Title (Print)	h Cia	turo						
Operator refers to the company which	h. Signa	controls	-d	i. Date				
Operator refers to the company whice enovation operation or both	Jano, icases, operate	sa, controls, or supe	rvises the facility being	demolished or r	enovated, or the	demolition or		



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)		į			
a. Generator's US EPA ID Number		b. Manifest Document Number NH-102			c. Page		
			NH-	1			
d. Generator's Name and Location: USEPA Region 5			e. Generator's Mailing Environtemental Rest				
947 West Cullerton St			1666 Fabick Dr	oration			
Chicago IL 60608			Fenton MO 63026	Land Carry of			
f. Phone:312-353-9351			g. Phone:636-227-747	77			
If owner of the generating facility differs from	om the generator,	provide:					
h. Owner's Name:		i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date				Containers	n. Total	o. Unit
47181312520	2/1/14	Description	in transfer on it	No	. Type	Quantity	Wt/Vol
47 10 13 12 32 0	2/1/14	Hon nazardot	zardous, treated soil				.2
				00	1 00	016	1012
				00	1 DT	V IV	10
					:		
	:						
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous v	vaste as de	fined by 40 C	FR 261 or any a	applicable
state law, has been properly described, cl waste is a treatment residue of a previous	lassmed and packa	agea, ana is in prop Idous waste subject	er condition for transpor	tation accoi	rding to appli	cable regulation	s; AND, if this
been treated in accordance with the requi	rements of 40 CFI	R 268 and is no lone	rer a hazardous waste a	is defined b	v 40 CFR 26	ita in the state of the	Wasic iias
					. T	1. 1	
510)e (a)	Man	Jeve_	- Our	4	8	/19/13	
p. Generator Authorized Agent Name (Pri		Signature			r. Date	<u> </u>	
II. TRANSPORTER (General Transporter's Name and Address:	rator complete	s na-p and Trai	isporter completes	iic-e)	}		·····
a. Hansporter's Name and Address.			\checkmark				
b. Phone:					ale designation		
o Florie					1 1		
JIM /max/WW	* _	X M X		ع و	2/19/17	ર	
c. Driver Name (Print)	d. Sign			e. Da			
III. DESTINATION (Genera	tor complete II	la-c and Destina	atio n S ite complete:	s IIId-g)	i i		
a. Disposal Facility and Site Address:		c. US EPA Num		ndication S	pace:		
Newton County Landfill 2266 E. 500 South		56-05	NA]/ /	72		
Brook, IN 47922				71 1.7	V ')		
b. Phone: 219.394.7222 or 7221			Land Control	The Control	San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San and San an		
I herby certify that the above named mate	rial has been acce	epted and to the bes	st of my knowledge the f	oregoing is	true and acc	urate	
		Santa Commence and	A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE			777	
e. Name of Authorized Agent (Print)	f. Signa	ature /	Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color	g. Da	ate	(
IV. ASBESTOS (Generator		1 /	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency	/ Name and	Address:		
Not Applicable			Not Applicable				
b. Phone:			d. Phone:		2		
e. Special Handling Instructions and Addi	tional Information:					***	
					1		
f. Friable Non-Friable Bott	% F	riable	% Non-Friable		-		
OPERATOR'S CERTIFICATION: I hereb				ccurately de	escribed abo	ve by proper shi	pping name
and are classified, packed, marked and la							
national governmental regulations.	·····						
					the same same same same same same same sam		
g. Operator's Name and Title (Print)	h. Sign	ature		i. Da	te		
*Operator refers to the company which ov			pervises the facility being			ed, or the demo	lition or
renovation operation or both					1		



If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	r completes la-	r)					ŧ	
a. Generator's US EPA ID Number b. Manifest Docur			ent Number	12		c. Page		
			/VH-1	101			1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing Environtemental Resto 1666 Fabick Dr Fenton MO 63026 g. Phone:636-227-747	ration				
If owner of the generating facility differs fro	m the generator, p	rovide:						
1 O 1 Nove			1 Owner de Bresse New					
h. Owner's Name: j. Waste Profile #	k. Exp. Date	Maeta Shin	i. Owner's Phone No.:			ainers	n. Total	o. Unit
j. vvaste rione #	k. Exp. Date	Description	only wante and	No		Type	Quantity	Wt/Vol
47181312520	2/1/14	non hazardou	s, treated soil					
				00	1	DT	018	473
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl: waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and packac ly restricted hazard	ged, and is in propo lous waste subject	er condition for transport to the Land Disposal Re	ation acco	nding cei	to applic rtify and v	able regulations varrant that the	s; AND, if this
~71606 1a	Man-	-XVVC_	Jan			0	119/12	
p. Generator Authorized Agent Name (Pri		Signature		\	11	r. Date	<u>' </u>	
ii. TRANSPORTER (Gene a. Transporter's Name and Address:	rator completes	s lia-b and I rar	isporter completes	IIc-e)	1			
b. Phord: Ichae B, BEAC c. Driver Name (Print)	d. Sjøfna	www.	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	e. Da	\$/ ale	19/5	2013	
III. DESTINATION (General	or complete Illa	a-c and Destina	tion Site completes	s IIId-a)				
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	7	c. US EPA Num 56-05			pace			
I herby certify that the above named mate	rial has been accep	pted and to the bes	t of my knowledge the f	oregoing is	s true	and acc	urate.	
	ļ	Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Construction of the Constr	AND THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER	~~		and the same	THI)
e. Name of Authorized Agent (Print)	f. Signat	ture /	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	g. D.	ate	Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of th		r
IV. ASBESTOS (Generator			enminiete IVa-i)	15	1			
a. Operator's Name and Address:	Completes Iva		c. Responsible Agency	Name and	d Adr	iress.		
Not Applicable			Not Applicable	rigitio and		u1000.		
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addi	tional Information:				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
f. Friable Non-Friable Both	ı % Fri	iable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packed, marked and la national governmental regulations.	y declare that the cabeled and are in al	ontents of this con: Il respects in prope	signment are fully and a r condition for transport	ccurately o	lescri y acc	ibed abover cording to	ve by proper shi applicable inter	pping name mational and
1								
g. Operator's Name and Title (Print)	h. Signa	ature		i. Da				
*Operator refers to the company which over renovation operation or both	wns, leases, operat	es, controls, or sup	pervises the facility being	demolish	ed or	renovate	ed, or the demo	ition or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la-l	Γ)						
a. Generator's US EPA ID Number	l k	b. Manifest Docum	nent Number	1 20		c. Page	1 of	
			11H-1	100			1	
d. Generator's Name and Location:			e. Generator's Mailing	Address:				
USEPA Region 5			Environtemental Rest					
947 West Cullerton St	1666 Fabick Dr							
Chicago IL 60608			Fenton MO 63026		İ			1
f. Phone:312-353-9351			g. Phone:636-227-747	77				
If owner of the generating facility differs fr	rom the generator, pr	rovide:						
h. Owner's Name:	Lt. E Data	1 1074- Chi-	i. Owner's Phone No.:		C = =+	ainers	n, Total	o. Unit
j. Waste Profile #			ping Name and	No			Quantity	Wt/Vol
47181312520	2/1/14	Description	us, treated soil	NU		Туре	Quantity	VV0 VO1
47 101312320	2/1/14	11011 Hazardot	is, liealed son					1 ,3
				00		2	A 10	101/1
		1		100		n	1018	10
				ĺ				
				-				
CENTER A TORING OFFIT (CATION)	1 47 0 - 110 -				<u> </u>	h. 40 C	YED 004	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c	eby certify that the a	bove named mate	eriai is not a nazardous v	vaste as de	rinec	to appli	ent 201 or any	applicable
waste is a treatment residue of a previous	ciassined and packag	gea, and is in prop	er condition for transpor	rtation acco	Log	to appir	cable regulation	is, AND, II tills
been treated in accordance with the requ	siy restricted flazard	ous waste subject 268 and is no lone	, to the cand Disposal N her a hazardnus waste a	estrictions. as defined t	v 40	CFR 26	1	Wasic nas
been treated in accordance with the requ	INCIDENTES OF 40 OF IX	200 0110 10 1019	ST MAZGIGGGS Waste t	35 45/11/04 1	Ĭ	0.1120	31	
THER HOUVE		Xo. V	MILL		1		D11911)
p. Generator Authorized Agent Name (Pr		Signature	4		1	r. Date		
II. TRANSPORTER (Gene			nsporter completes	lic-e)				
	Clatol Completes	TILL D and Tild	hoporter gympicted	110 07				
a Transportaria Nama and Address:					i			
a. Transporter's Name and Address:								
a. Transporter's Name and Address:								
a. Transporter's Name and Address:		d -	1					
a. Transporter's Name and Address: b. Phone:	,		1					
·	1 4	1/2000	1		21	ial.	1012	
b. Phone:	+ ***	l mass	James		8/	19/-	2013	
b. Phone: C. Driver Name (Print)	+ XX		James	e. Da	S/	19/-	2013	
b. Phone: C. Driver Name (Print)	······································		ation Site complete		S/ ate/	19/-	2013	
b. Phone: c. Driver Name (Print) III. DESTINATION (General	······································	a-c and Destin		s IIId-g)			2013	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address:	······································	a-c and Destin	nber d. Discrepancy l	s IIId-g)			2013	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill	······································	a-c and Destin		s IIId-g)			2013	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South	······································	a-c and Destin	nber d. Discrepancy l	s IIId-g)			2013	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	ator complete Ma	a-c and Destina c. US EPA Nur 56-05	nber d. Discrepancy I	s IIId-g) Indication S	pace		7	
b. Phone: c. Driver Name (Print) ill. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922	ator complete Ma	a-c and Destina c. US EPA Nur 56-05	nber d. Discrepancy I	s IIId-g) Indication S	pace		7	3 67
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	ator complete Ma	a-c and Destina c. US EPA Nur 56-05	nber d. Discrepancy I	s IIId-g) Indication S	pace		7	2-2
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate	erial has been accep	c. US EPA Nur 56-05	nber d. Discrepancy I	Indication S	Space		7	12
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate.	erial has been accep	c. US EPA Nur 56-05 pted and to the be	nber d. Discrepancy NA	s IIId-g) Indication S	Space		7	12
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate	erial has been accep	c. US EPA Nur 56-05 pted and to the be	nber d. Discrepancy NA	Indication S	Space		7	12
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato)	erial has been accep	c. US EPA Nur 56-05 pted and to the be	nber d. Discrepancy NA	s IIId-g) Indication S foregoing is	pace true	and acc	7	17
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate.	erial has been accep	c. US EPA Nur 56-05 pted and to the be	nber d. Discrepancy NA st of my knowledge the	s IIId-g) Indication S foregoing is	pace true	and acc	7	2-7
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address:	erial has been accep	c. US EPA Nur 56-05 pted and to the be	nber d. Discrepancy NA st of my knowledge the recomplete IVg-i) c. Responsible Agence	s IIId-g) Indication S foregoing is	pace true	and acc	7	1-2
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address:	erial has been accep	c. US EPA Nur 56-05 pted and to the be	nber d. Discrepancy NA st of my knowledge the recomplete IVg-i) c. Responsible Agenc Not Applicable	s IIId-g) Indication S foregoing is	pace true	and acc	7	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone:	erial has been accept f. Signat r completes IVa-	c. US EPA Nur 56-05 pted and to the be	nber d. Discrepancy NA st of my knowledge the recomplete IVg-i) c. Responsible Agence	s IIId-g) Indication S foregoing is	pace true	and acc	7	3 - 2
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable	erial has been accept f. Signat r completes IVa-	c. US EPA Nur 56-05 pted and to the be	nber d. Discrepancy NA st of my knowledge the recomplete IVg-i) c. Responsible Agenc Not Applicable	s IIId-g) Indication S foregoing is	pace true	and acc	7	17
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone:	erial has been accept f. Signat r completes IVa-	c. US EPA Nur 56-05 pted and to the be	nber d. Discrepancy NA st of my knowledge the recomplete IVg-i) c. Responsible Agenc Not Applicable	s IIId-g) Indication S foregoing is	pace true	and acc	7	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address:	erial has been accept f. Signat r completes IVa-	c. US EPA Nur 56-05 oted and to the be	st of my knowledge the r complete IVg-i) c. Responsible Agenc Not Applicable d. Phone:	s IIId-g) Indication S foregoing is	pace true	and acc	7	3 - 2
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: f. Friable Non-Friable Bot	erial has been accept f. Signator completes IVa-	c. US EPA Nur 56-05 pted and to the be ture -f and Operato	st of my knowledge the recomplete IVg-i) c. Responsible Agence Not Applicable d. Phone:	s IIId-g) Indication S foregoing is g. D.	true ate	and acc	curate.	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: The print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of	erial has been accept f. Signatur completes IVa-	c. US EPA Nur 56-05 pted and to the betture -f and Operato	nber d. Discrepancy NA st of my knowledge the recomplete IVg-i) c. Responsible Agency Not Applicable d. Phone: % Non-Friable signment are fully and a	foregoing is	true Add	and acc	curate.	nipping name
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable f. Friable Non-Friable Bottoperator's CERTIFICATION: I heret and are classified, packed, marked and in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	erial has been accept f. Signatur completes IVa-	c. US EPA Nur 56-05 pted and to the betture -f and Operato	nber d. Discrepancy NA st of my knowledge the recomplete IVg-i) c. Responsible Agency Not Applicable d. Phone: % Non-Friable signment are fully and a	foregoing is	true Add	and acc	curate.	nipping name ernational and
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: The print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of	erial has been accept f. Signatur completes IVa-	c. US EPA Nur 56-05 pted and to the betture -f and Operato	nber d. Discrepancy NA st of my knowledge the recomplete IVg-i) c. Responsible Agency Not Applicable d. Phone: % Non-Friable signment are fully and a	foregoing is	true Add	and acc	curate.	nipping name ernational and
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable f. Friable Non-Friable Bottoperator's CERTIFICATION: I heret and are classified, packed, marked and in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	erial has been accept f. Signatur completes IVa-	c. US EPA Nur 56-05 pted and to the betture -f and Operato	nber d. Discrepancy NA st of my knowledge the recomplete IVg-i) c. Responsible Agency Not Applicable d. Phone: % Non-Friable signment are fully and a	foregoing is	true Add	and acc	curate.	nipping name ernational and
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable Degrator's Certification: I heret and are classified, packed, marked and Inational governmental regulations.	erial has been accept f. Signater completes IVa-	c. US EPA Nur 56-05 pted and to the betture -f and Operato iable ontents of this continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continued in the continue	nber d. Discrepancy NA st of my knowledge the recomplete IVg-i) c. Responsible Agency Not Applicable d. Phone: % Non-Friable signment are fully and a	foregoing is g. D. D. D. D. D. D. D. D. D. D. D. D. D.	true true Add	and acc	curate.	nipping name ernational and
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable Description: The print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is the print is th	erial has been accept f. Signatur completes IVa-	c. US EPA Nur 56-05 pted and to the betture fand Operato iable ontents of this continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in the continue in t	st of my knowledge the recomplete IVg-i) c. Responsible Agenc Not Applicable d. Phone: % Non-Friable isignment are fully and a per condition for transport	foregoing is g. D. D. D. D. D. D. D. D. D. D. D. D. D.	true ate d Add	and according to	ve by proper sho applicable into	ernational and



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la	-r)		ı				
a. Generator's US EPA ID Number b		b. Manifest Docum	nent Number $\mathcal{N}\mathcal{H}_{-}$	99	c. Page	1 of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing Address: Environtemental Restoration 1666 Fabick Dr Fenton MO 63026 g. Phone:636-227-7477					
If owner of the generating facility differs fro	om the generator,	provide:						
h. Owner's Name:	i. Owner's Phone No.:							
j. Waste Profile #	k, Exp. Date		ping Name and		ntainers	n. Total	o. Unit	
47181312520	Description 2/1/14 non hazarde		ıs, treated soil	No.	Туре	Quantity	Wt/Vol	
				001	DT	018	YJ 5	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clausate is a treatment residue of a previous been treated in accordance with the requirement.	assified and packa ly restricted hazard	ged, and is in prope tous waste subject	er condition for transport to the Land Disposal Re	tation accordin	g to applic	able regulations	AND if this	
Steve Far	yan	- Swell	(a)		4	3/19/13		
p. Generator Authorized Agent Name (Printle II. TRANSPORTER (Gene		Signature	()	11 >	r. Date	· /		
a. Transporter's Name and Address:	rator complete	s na-b and mar	isporter completes	iic-e)				
b. Phone:							;	
/	~	7	- 1	8	19/1	2		
c. Driver Name (Print)	d. Signa	tori .	Less	e. Date	1 1 1 .	<u> </u>		
III. DESTINATION (Generat			ition Site completes					
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Num 56-05	<u> </u>	• ,	e:			
I herby certify that the above named mate	rial has been acce	pted and to the bes	t of my knowledge the fo	oregoing is true	and accu	ırate)	7	
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O				77)	
e. Name of Authorized Agent (Print)	f. Signá	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	g. Date		A Property of the second		
IV. ASBESTOS (Generator	completes IVa	f and Operator						
Operator's Name and Address: Not Applicable			c. Responsible Agency Not Applicable	Name and Ad	dress:			
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addit								
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby	% Fr		% Non-Friable	auratalu daaa	بحمارة امحمائه			
and are classified, packed, marked and lateral national governmental regulations.	beled and are in al	if respects in proper	condition for transport i	by highway acc	cording to	applicable intern	ping name lational and	
g. Operator's Name and Title (Print)	h. Signa			i. Date				
*Operator refers to the company which ow renovation operation or both	us, leases, operat	es, controls, or sup	ervises the facility being	demolished o	r renovate	a, or the demolit	ion or	



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST Truck#

GENERATOR Centralization (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3) Services (Services 14-72 O.316-3
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton 8 1
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton 8 1
1686 Fabiok Or Ferton Mo 53026 Phone-312-353-9351 Ferton Mo 53026 Phone-312-353-9351 Ferton Mo 53026 Phone-536-227-7477 Ferton Mo 53026 Phone-636-227-7477
Chicago IL 60608 Fenton MD 63026 Phone-632-393-9351 Generator of the generating facility differs from the generator, provide: Nower's Name: I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner's Phone No. I. Owner'
f. Phone: 312:353-3951 if owner of the generating facility differs from the generator, provide: h. Owner's Name: j. Waste Profile # k. Exp. Date Description Description Description No. Type Ouantity Wit/vol 4/181312520 2/1/14 In on hazardous, treated soil GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A STEP OF A ST
If owner's Name: Nower's Name: Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's Name Lowner's N
h Owner's Name: J. Waste Profile # R. Exp. Date Description Description No. Type Quantity WiVol 47181312520 2/1/14 non hazardous, treated soil DOI DT OIB Y.3 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 261. Sentented in accordance with the requirements of 40 CFR 263. D. Generator Authorized Agent Name (Print) G. Signature G. Driver Name (Print) G. Signature G. Discrepancy Indication Space: No. Type Quantity WiVol WiVol OOI DT OIB Y.3 OOI DT OIB Y.3 AD GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been accepted and Transporter completes IIIce. T. Date G. Dirker Name (Print) G. Signature G. Disposal Facility and Site Address: NA DESTINATION (Generator completes IIIa-b and Transporter completes IIIce) D. Destination Space: NA C. USEPA Number So-05 NA D. Disposal Facility and Site Address: NA C. USEPA Number G. Disposal Facility and Site Address: NA C. USEPA Number G. Disposal Facility and Site Address: NA C. USEPA Number G. Disposal Facility and Address: C. Washer Completes IVg-1 G. Disposal Facility and Address: C. Responsible Agency Name and Address:
Waste Profile # L. Waste Shipping Name and M.O. Type Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Qua
Waste Profile # L. Waste Shipping Name and M.O. Type Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity Qua
Description No. Type Quantity W/Vol 47181312520 Description No. Type Quantity W/Vol A7181312520 Doll DT O18 PJ3 W/Vol A7181312520 DOLL DT O18 PJ3 DOLL DT O18 PJ3 PJ3 PJ3 DOLL DT O18 PJ3 PJ3 PJ3 DOLL DT O18 PJ3 PJ3 DOLL DT O18 PJ3 PJ3 DOLL DT O18 PJ3 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 PJ3 DOLL DT O18 PJ3 PJ3 DOLL DT O18 PJ3 PJ3 DOLL DT O18 PJ3 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 PJ3 DOLL DT O18 PJ3 PJ3 DOLL DT O18 PJ3 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O18 PJ3 DOLL DT O1
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Show the property of the control of the property of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in a paradrous waste as defined by 40 CFR 261. Show the property of the property of the Land Disposal Restrictions. I certify and warrant that the waste has been treated in a paradrous waste as defined by 40 CFR 261 or any applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste as defined by 40 CFR 261 or any applicable regulations. AND, if this waste is a treatment residue of a previously restricted hazardous waste as defined by 40 CFR 261 or any applicable regulations. AND, if this waste is a treatment residue of a previously restricted hazardous waste as defined by 40 CFR 261 or any applicable regulations. AND, if this waste is a treatment residue of a property and warrant that the waste has been treatment and accordance in the property of the Land Disposal Restrictions. I certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal strictions. I contriv and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a Transporter's Name and Address: b. Phone: Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: NA
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal strictions. I contriv and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a Transporter's Name and Address: b. Phone: Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: NA
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal strictions. I contriv and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a Transporter's Name and Address: b. Phone: Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: NA
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. D. Generator Authorized Agent Name (Print) D. Generator Authorized Agent Name (Print) D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone:
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. D. Generator Authorized Agent Name (Print) D. Generator Authorized Agent Name (Print) D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone:
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. D. Generator Authorized Agent Name (Print) D. Generator Authorized Agent Name (Print) D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone:
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. D. Generator Authorized Agent Name (Print) D. Generator Authorized Agent Name (Print) D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone:
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. D. Generator Authorized Agent Name (Print) D. Generator Authorized Agent Name (Print) D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone:
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. D. Generator Authorized Agent Name (Print) D. Generator Authorized Agent Name (Print) D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone:
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. D. Generator Authorized Agent Name (Print) D. Generator Authorized Agent Name (Print) D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone:
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. D. Generator Authorized Agent Name (Print) D. Generator Authorized Agent Name (Print) D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone: D. Phone:
waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Common Print
been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Composition of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of
p. Generator Authorized Agent Name (Print) p. Generator Authorized Agent Name (Print) II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) d. Signature d. Signature e. Date III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
p. Generator Authorized Agent Name (Print) II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) d. Signature d. Signature e. Date III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address: c. Responsible Agency Name and Address:
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: b. Phone: C. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219. 394. 7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) d. Signature d. Signature d. Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
b. Phone: C. Driver Name (Print) d. Signature d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
b. Phone: C. Driver Name (Print) d. Signature d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
c. Driver Name (Print) d. Signature d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
c. Driver Name (Print) d. Signature d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
c. Driver Name (Print) d. Signature d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
c. Driver Name (Print) III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
c. Driver Name (Print) III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. US EPA Number 6. Discrepancy Indication Space: NA 9. Discrepancy Indication Space: NA 1. Discrepancy Indication Space: NA 1. Discrepancy Indication Space: NA 2. Discrepancy Indication Space: NA 2. Discrepancy Indication Space: NA 2. C. Responsible Agency Name and Address:
Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible Agency Name and Address: C. Responsible
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:
a. Operator's Name and Address: c. Responsible Agency Name and Address:
1 rots philosopic
b. Phone: d. Phone:
e. Special Handling Instructions and Additional Information:
f. Friable Non-Friable Both % Friable % Non-Friable
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name
and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and
and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.
national governmental regulations.



Carestator's Manier and Location: Carestator's Manier and Location: Carestator's Manier Aller Called To St.	 GENERATOR (Generate 	or completes la-r)					
d. Generator's Name and Location: USEPA Region. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. If owner of the generating facility differs from the generator, provide. In Owner's Name: 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone	a. Generator's US EPA ID Number	b	. Manifest Docum	nent Number	<u>~ 1]</u>	c. Page	1 of	
d. Generator's Name and Location: USEPA Region. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. Set Video Collection St. If owner of the generating facility differs from the generator, provide. In Owner's Name: 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone No. 1. Owner's Phone	STATE # IL 03/63/	5293		/V71-	04		1	
947 Next Cullerton St Christop II. 6068 Fability Dr. Chrosop II. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop III. 6068 Fability Dr. Chrosop II				e. Generator's Mailing	Address:	,		
Chicago IL 60008 Fends MO 63026 Phones 33-33-3351 Former of the generating facility differs from the generator, provide:					oration			
## Phone 312-355-935! ## Owner's Name: Waste Profile ## X. Exp. Date Liveste Shoping Name and Tontainers Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name								
Nomer's Name: L. Waste Profile # L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Profile L. Waste Pro					77			
Waste Profile # K. Exp. Date Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Descripti	If owner of the generating facility differs fr	om the generator, pro	ovide:					
Waste Profile # K. Exp. Date Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Descripti	h Owards Names			i Outrada Dhasa Na				
Description No. Type Quantity W/Vol		k Evo Data	I Masta Shin			tainare	n Total	o Unit
GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly desorbed, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if this state law, has been properly desorbed, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if this been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261. P. Generator Authorized Agent Name (Print) I. TRANSPORTER (Generator completes IIIa-b and Transporter completes IIIc-b) I. TRANSPORTER (Generator completes IIIa-b and Transporter completes IIIc-b) III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-b) III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-b) III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-b) III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-b) III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-b) III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-b) III. DESTINATION (Generator complete IIII-c and Destination Site completes IIId-b) III. SEPA Number (J. Discrepancy Indication Space) NA SBESTOS (Generator completes IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete IVA-f and Operator complete	J. VVaste Florite #	R. Exp. Date		ping Hairle and				i
GENERATOR'S CERTIFICATION hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if his waste is a trestment rescue of a proviously estrible heardous waste subject to the Land Spixosal Restrictions. Locally and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste state as defined by 40 CFR 261. p. Generator Authorized Agent him Primi) q. Signature II. TRANSPORTER (Generator completes IIIa-b and Transporter completes IIIc-e) a. Transporter's Name and Address. AG 45 3 b. Phone: C. Driver Name (Prim) J. Signature J. Discrepancy Indication Space; Newton County Landmit See See 500 South Brook, Ma State Address: Newton County Landmit See See 500 South Brook, Ma 273.394.7222 or 7221 Interby certify that the above named material has been accepted and to the best of my knowledge the folespoing is true and accurate. I. Signature V. ASBESTOS (Generator completes IVa-f and Operator complete IVg-f) a. Operator's Name and Address: Not Applicable D. Phone: See 500 South D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Phone: Sepacior's Name and Address and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. In Date D. Departor Refers to the company withon work, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or control or controls or the demolition or controls.	47181312520	2/1/14		is, treated soil		7,5		
GENERATOR'S CERTIFICATION hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if his waste is a trestment rescue of a proviously estrible heardous waste subject to the Land Spixosal Restrictions. Locally and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste state as defined by 40 CFR 261. p. Generator Authorized Agent him Primi) q. Signature II. TRANSPORTER (Generator completes IIIa-b and Transporter completes IIIc-e) a. Transporter's Name and Address. AG 45 3 b. Phone: C. Driver Name (Prim) J. Signature J. Discrepancy Indication Space; Newton County Landmit See See 500 South Brook, Ma State Address: Newton County Landmit See See 500 South Brook, Ma 273.394.7222 or 7221 Interby certify that the above named material has been accepted and to the best of my knowledge the folespoing is true and accurate. I. Signature V. ASBESTOS (Generator completes IVa-f and Operator complete IVg-f) a. Operator's Name and Address: Not Applicable D. Phone: See 500 South D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Phone: Sepacior's Name and Address and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. In Date D. Departor Refers to the company withon work, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or control or controls or the demolition or controls.								1 .3
GENERATOR'S CERTIFICATION hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if his waste is a trestment rescue of a proviously estrible heardous waste subject to the Land Spixosal Restrictions. Locally and warrant that the waste has been treated in accordance with the requirements of 40 CFR 263 and is no longer a hazardous waste state as defined by 40 CFR 261. p. Generator Authorized Agent him Primi) q. Signature II. TRANSPORTER (Generator completes IIIa-b and Transporter completes IIIc-e) a. Transporter's Name and Address. AG 45 3 b. Phone: C. Driver Name (Prim) J. Signature J. Discrepancy Indication Space; Newton County Landmit See See 500 South Brook, Ma State Address: Newton County Landmit See See 500 South Brook, Ma 273.394.7222 or 7221 Interby certify that the above named material has been accepted and to the best of my knowledge the folespoing is true and accurate. I. Signature V. ASBESTOS (Generator completes IVa-f and Operator complete IVg-f) a. Operator's Name and Address: Not Applicable D. Phone: See 500 South D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Non-Friable D. Phone: Sepacior's Name and Address and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. In Date D. Departor Refers to the company withon work, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or control or controls or the demolition or controls.					001	DT	1018	1 77
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste und Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Comerator Authorized Agent Name (Print) q. Signature r. Date				. ,				
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste und Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Comerator Authorized Agent Name (Print) q. Signature r. Date								
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste und Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Comerator Authorized Agent Name (Print) q. Signature r. Date								
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste und Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Comerator Authorized Agent Name (Print) q. Signature r. Date								<u> </u>
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste und Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Comerator Authorized Agent Name (Print) q. Signature r. Date								
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste und Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Comerator Authorized Agent Name (Print) q. Signature r. Date								
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste und Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Comerator Authorized Agent Name (Print) q. Signature r. Date								
waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been reasted in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. p. Generator Authorized Agent Name (Print) g. Signature II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address. D. Phone: C. Driver Name (Print) J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Date J. Derector Name and Address: Not Applicable J. Phone: J. Phone: J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Signature J. J. Date J. Derector Name and Address: J. Determinential regulations. J. Determinential regulations. J. Determinential regulations. J. Determinential regulations. J. Determinential regulations. J. Determinential regulations. J. Determinential regulations.								
been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation Commendation								
p. Generator Authorized Agent Name (Print) II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: A13 453 b. Phone:								aste tias
p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: A13 453 b. Phone:	-2· ·		·			T .	. 9	
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: AB		ila /		of TELLOWS			114/15	
b. Phone: Diver Name (Print) Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputation Disputatio						r. Date		
b. Phone: C. Driver Name (Print) C. Signature E. Date		erator completes	Ila-b and Trar	nsporter completes	IIc-e)			
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219,394,7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foegoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: c. Responsible Agency Name and Address: Not Applicable d. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	a. Transporter's Name and Address:		AB 453					
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219,394,7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foegoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: c. Responsible Agency Name and Address: Not Applicable d. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								
c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219,394,7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foegoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: c. Responsible Agency Name and Address: Not Applicable d. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								
c. Driver Name (Print) III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219,394,7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the folegoling is true and accurate. IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: I. Priable Non-Friable Both Friable Mon-Friable Address: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date "Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	b. Phone:							
c. Driver Name (Print) III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219,394,7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the folegoling is true and accurate. IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: I. Priable Non-Friable Both Friable Mon-Friable Address: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date "Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	1/12/21/19/21	1/1				Alna	lia	
III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 l herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature l. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	Dictor (Print)	d Signatu			- 5-4-	140		
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 l herby certify that the above named material has been accepted and to the best of my knowledge the folgoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature l. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable Source that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or						•		
Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both	•	tor complete IIIa-			•			
2266 E. 500 South Brook, IN 47922 b. Phone: 2. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: f. Special Handling Instructions and Additional Information: g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or					ndication Space	e:		
Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Non-Friable Both Friable Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	1		50-05	NA NA	(
b. Phone: 219.394.7222 or 7221 I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both	i e					and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	リーレク	
e. Name of Authorized Agent (Print) f. Signature IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	b. Phone: 219,394,7222 or 7221					Carlower Comment		
e. Name of Authorized Agent (Print)	I herby certify that the above named mate	erial has been accepted	ed and to the bes	t of my knowledge the f	oregoing is tru	e and acci	urate.	
e. Name of Authorized Agent (Print)					/	O(1 > 1)	D/LZ	
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: Not Applicable c. Responsible Agency Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable Mon-Friable	e Name of Authorized Agent (Print)	f Signatur	re	——————————————————————————————————————	n Date		ر مع ب	
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable Mon-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or				complete IVa ii	. g. Date			
b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or		completes IVa-I	and Operator		. h1			
b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both					/ Name and Ad	aress:		
e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	Hor Whileanie			HOT WARRINGTON				
e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								
f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or				d. Phone:				
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	e. Special Handling Instructions and Add	tional Information:						
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	f Frights Non-Frights Pott	h % Erial	hle	% Non-Friable				
and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	OPERATOR'S CERTIFICATION: I hereb				ccurately descr	ribed abov	e by proper shipp	ing name
g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or			, , ,					
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	Consider Name and Title (District	L 0: 1			: P-4-			
				online the facility hairs		r renovata	d or the demolitie	an ar
TWING THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP	renovation operation or both	ima, icaaca, upcidles	s, conduis, or sup	ervises the tacility nettig	, acinonsiled 0	i iciiovale	a, or the usinoiti	Jii Gi



 GENERATOR (Generat 	or completes la-r)			-			
a. Generator's US EPA ID Number	- 000 b.	Manifest Docun	nent Number	r	c. Page		
STATE # IL 03/631	5293		/v '\-10	う		1	
d. Generator's Name and Location:	_		e. Generator's Mailing A				
USEPA Region 5			Environtemental Restor 1666 Fabick Dr	ation			
947 West Cullerton St Chicago IL 60608			Fenton MO 63026				
f. Phone:312-353-9351			g. Phone:636-227-7477	•			
If owner of the generating facility differs for	om the generator, prov	vide:	,				
h. Owner's Name:	I. Fra Deta	L Marta Chia	i. Owner's Phone No.:	m. Cor	tainam	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	Type	Quantity	Wt/Vol
47181312520	2/1/14		is, treated soil	140.	1,700	duality	11370
	1 ,, , ,		,				3
				001	DT	018	77
				1001		0.0	10
		4					
			·				
*							
GENERATOR'S CERTIFICATION: I here	by certify that the abo	ve named mate	rial is not a hazardous wa	ste as define	d by 40 C	FR 261 or any ap	plicable
state law, has been properly described, o	lassified and packaged	d, and is in prop	er condition for transporta	tion accordin	g to applic	able regulations;	AND, if this
waste is a treatment residue of a previous							aste has
been treated in accordance with the requ	irements of 40 CFR 26	and is no iong	jer a nazardous waste as	аетпеа ву 4)	
HELTE FORMA		No. ru	Time		8/2	2/13	
p. Generator Authorized Agent Name (Pr	int) q. Sig	nature			r. Date	*	
II. TRANSPORTER (Gene		a-b and Tran	sporter completes II	c-e)			
a. Transporter's Name and Address:	······································						
			•				
b. Phone:		A	6				
	J. C. C. C. C. C. C. C. C. C. C. C. C. C.	///			-4 I	. A	
6 100 41 L Wood an	X 1	16	· ·		<u>8/2</u>		
c. Driver Name (Print)	d. Signatuy		·	e. Date	<i>i</i>		
III. DESTINATION (Genera	tor complete IIIa/-c	and Destina	tion Site completes	IIId-g)			
a. Disposal Facility and Site Address:	/ [c. US EPA Nurr	ber d. Discrepancy Inc	dication Space	e:		
Newton County Landfill	′	56-05	NA NA	10	/		
2266 E. 500 South Brook, IN 47922				1 321			
b. Phone: 219.394.7222 or 7221			Constant of the second	1 E John J			
I herby certify that the above named mate	erial has been accepted	d and to the bes	t of my knowledge the for	egoing is true	and accu	ırate.	u Degra
		شروسر	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	>	Since Some	The desired the second	ź –
- Nome of Authorized Accest (Driet)	£ Cimmakoo	Seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of the seminary of th	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	7 D-4-	()/	and the same	
e. Name of Authorized Agent (Print)	f. Signature		The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	g. Date			
IV. ASBESTOS (Generator	completes IVa-f a	ina Operator		,			· · · · · · · · · · · · · · · · · · ·
a. Operator's Name and Address:			c. Responsible Agency Not Applicable	name and Ad	aress:		
Not Applicable			MOT Wholicapie				
b. Phone:			d. Phone:				
e. Special Handling Instructions and Add	tional Information:		•				
f. Friable Non-Friable Bott	n % Friabl	e	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereb	v declare that the cont	ents of this cons	signment are fully and acc	urately descr	ibed abov	e by proper shipp	ing name
and are classified, packed, marked and la	abeled and are in all re	spects in prope	condition for transport by	highway acc	ording to	applicable interna	itional and
national governmental regulations.		· · · · · · · · · · · · · · · · · · ·					
g. Operator's Name and Title (Print)	h. Signatur	<u> </u>		i. Date			
*Operator refers to the company which or			ervises the facility being o		renovate	d, or the demolitic	on or
renovation operation or both	.,	,					



 GENERATOR (Generat 	or completes la-r))					
a. Generator's US EPA ID Number STate # TL 031631	5293 b.	. Manifest Docur	ment Number NH-10	06	c. Page	1 of 1	
d. Generator's Name and Location:			e. Generator's Mailing	Address:	<u> </u>		
USEPA Region 5			Environtemental Resto	oration			
947 West Cullerton St Chicago IL 60608			1666 Fabick Dr				
f. Phone:312-353-9351			Fenton MO 63026 g. Phone:636-227-747	77			
If owner of the generating facility differs fi	rom the generator, pro	víde:	3	-			
h. Owner's Name:							
i. Waste Profile #	k. Exp. Date	1 Masta Shir	<u> </u>			T =	
,	in Exp. Date	Description	ping Harrie and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14	non hazardoi	us, treated soil		1,500	Quartity	440.401
		Ì					3
				001	DT	018	1 41
			·			0.0	10
			······				<u> </u>
GENERATOR'S CERTIFICATION: I here	hy certify that the abo	No named mate	malia t - t		11 45 5		<u> </u>
i state iaw, nas deen property described, c	lassified and package	d and is in prop	er condition for transport	ation according	a to analie	able requietions.	AND SEALS
waste is a treatment residue of a previous	siv restricted hazardou	is waste subject.	to the Land Disnosal Re	etrictions I co	ertific and c	varrant that the w	aste has
been treated in accordance with the requi	rements of 40 CFR 26	38 and is no long	ger a hazardous waste as	s defined by 40	CFR 26	<u> </u>	
istede tomo		- Yeve	(Ola-		<	3/22/13	
p. Generator Authorized Agent Name (Pri		gnature	(T) (T) (T) (T)	· . · *.	r. Date	46413	
II. TRANSPORTER (Gene			sporter completes I	llc-e)	1. Date	5	
a. Transporter's Name and Address:		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	reporter completes i	110-0)			
			*** = w _{Hay}				
		And the second second					
b. Phone:	Mary to make the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	1				
	1		<u> </u>		53	đ	
- Syllo - Livan lyh	and the second		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		0/2	2/13	
c. Driver Name (Print)	d. Signatur	77.52.52.52	All the second	e. Date	,		
III. DESTINATION (General	or complete IIIa-c	and Destina	ition Site completes	IIId-g)			
a. Disposal Facility and Site Address:		c. US EPA Num		dication Space) :		
Newton County Landfill 2266 E. 500 South	:	56-05	NA NA		A		
Brook, IN 47922					, and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	V (1 -	-
b. Phone: 219.394.7222 or 7221					ĺ		man services
I herby certify that the above named mate	rial has been accepted	d and to the best	t of my knowledge the fo	regoing is true	and accu	ratė.	
			and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	$\langle $	$\langle 1 \rangle \rangle$	×11~	
e. Name of Authorized Agent (Print)	f. Signature)		g. Date	>1 CC		
IV. ASBESTOS (Generator			complete IVa-i)	1 9. Date			
a. Operator's Name and Address:			c. Responsible Agency I	Name and Add	rece:		
Not Applicable		į	Not Applicable	Name and Add	11000.		
		-					
b. Phone:			d Dhana				
e. Special Handling Instructions and Addit	ional Information	<u> </u>	d. Phone:				
,							
f. Friable Non-Friable Both		9	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the conte	ents of this consi	gnment are fully and acc	curately descri	oed above	by proper shippi	ng name
and are classified, packed, marked and lat national governmental regulations.	veien aun ale III all 162	shacra in hiobet	condition for transport by	y nignway acco	oraing to a	ipplicable internat	ional and
<u> </u>							
Occasion Name of Fig. (D.)							
g. Operator's Name and Title (Print)	h. Signature	• · · · · · · · · · · · · · · · · · · ·		i. Date			
*Operator refers to the company which ow	ns, leases, operates, o	controls, or supe	rvises the facility being o	demolished or	renovated	, or the demolition	n or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

Trock # 173

I. GENERATOR (Generate	or completes la-r)						
a. Generator's US EPA ID Number	- 0 00 b.	Manifest Docum	ent Number NH- (~7	c. Page	1 of 1	
STate # IL 031631	5293		// 1	<u>U</u>		1	
d. Generator's Name and Location:	•		e. Generator's Mailing				
USEPA Region 5			Environtemental Rest	oration			
947 West Cullerton St Chicago IL 60608			Fenton MO 63026				
f. Phone:312-353-9351			g. Phone:636-227-74	77			1
If owner of the generating facility differs fr	om the generator, pro	vide:	Y				
h. Owner's Name:	L E - D-1-	L Marata Chia	i. Owner's Phone No.		tainoro	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	Description	oing Name and	No.	tainers Type	Quantity	Wt/Vol
47181312520	2/1/14	non hazardou	s_treated soil	140.	1900	Qualitaty	
47101012320	2 //	non nazarata	0, ,, 04.02 00.1				3
				001	DT	018	47
				00.	w ·	0.0	10
		i					
		1			3 h. 40 C	TD 261 or any an	pliophio
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c	eby centry that the abo	ove named mate	nai is not a nazardous i	waste as detille	a by 40 C a to annlie	rk 201 or arry ap	AND if this
waste is a treatment residue of a previous	assineu anu package slv restricted hazardoù	us waste subject	to the Land Disposal R	testrictions. I ce	ertify and	warrant that the w	aste has
been treated in accordance with the requ	frements of 40 CFR 2	68 and is no long	er a hazardous waste	as defined by 4	0 CFR 26	1.	
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			_ / / .	W99430
introl source		<u> </u>	Or -	.,		3 <i>122/1</i>	5
p. Generator Authorized Agent Name (Pr		gnature			r. Date		.25
II. TRANSPORTER (Gene	erator completes I	la-b and Trar	sporter completes	: IIc-e)			
a. Transporter's Name and Address:							
		3 ,000	1				
6 B6	0 1		/				
b. Phone:	1 1	- 1 M/			- L C2	_//	
- 7/6 MIRE	Jack /		And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		- B/ L		
c. Driver Name (Print)	d. Signatu	re		e. Date	*		
III. DESTINATION (Genera	tor complete IIIa-	c and Destina	ation Site complete	s IIId-a)			
a. Disposal Facility and Site Address:		c. US EPA Num			e.	· · · · · · · · · · · · · · · · · · ·	
Newton County Landfill		56-05	NA		<u>.</u>	and the second	5 4 5 4 E E E
2266 E. 500 South					Ş. 6	The fact of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	
Brook, IN 47922					- F	(/ cm)	·
b. Phone: 219.394.7222 or 7221					 		
I herby certify that the above named mate	eriai nas been accepte	ed and to the bes	t of my knowledge the	TO regoing is true	e and acc	urate.	
			()		XI	今にへ	
e. Name of Authorized Agent (Print)	f. Signatur	·	- Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - Santanania - San	g. Date		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	
			complete IVa_i\	1 3. 20.0			
	completes iva-i	and Operator		Names and A.	ldraa+:		
a. Operator's Name and Address:			c. Responsible Agend Not Applicable	y Name and Ad	iuress:		
Not Applicable			HUE UPPROADIC				
b. Phone:			d. Phone:				
e. Special Handling Instructions and Add	itional Information:						
			0/ 11 5 1 1				
f Friable Non-Friable Bot	h % Friat	ole	% Non-Friable		ribad aba	us hu propor ation	ning name
OPERATOR'S CERTIFICATION: I hereb	y declare that the con	itents of this cons	signment are fully and a	accurately desc	cordina to	ve by proper snipp Landicable intern	ational and
and are classified, packed, marked and i	adeled and are in all r	espects in prope	condition for transpor	L by ingitway ac	columy to	applicable intelli	auviiai aliu
national governmental regulations.							
g. Operator's Name and Title (Print)	h. Signatu	ire		i. Date			
*Operator refers to the company which o	wns, leases, operates	, controls, or sup	ervises the facility beir	ig demolished o	ir renovate	ed, or the demoliti	on or
renovation operation or both							



If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} asbestos waste, complete Sections I, II and III

Truck # Floras

 GENERATOR (Generate 	or completes la r		· · · · · · · · · · · · · · · · · · ·				
a. Generator's US EPA ID Number	- 0 00 b.	Manifest Docum	nent Number NH-10	\ \	c. Page	1 of	Í
STOTE # IL 03/631	5273		- Consustar Mailing) ()			
d. Generator's Name and Location:			e. Generator's Mailing Environtemental Resto				
USEPA Region 5 947 West Cullerton St			1666 Fabick Dr				
Chicago IL 60608			Fenton MO 63026	ar Tal			
f. Phone:312-353-9351			g. Phone:636-227-747	7 ·			
If owner of the generating facility differs for	rom the generator, pro	ovide:					
h. Owner's Name:			i. Owner's Phone No.:	····			
j. Waste Profile #	k. Exp. Date		ping Name and	m. Con		n. Total	o. Unit Wt/Vol
	1.5/4/4	Description	in tracted pail	No.	Туре	Quantity	VVIVOI
47181312520	2/1/14	non nazardoi	us, treated soil				2
		İ		001	DT	018	U (-
				001	0	010	10
					1		
GENERATOR'S CERTIFICATION: I her	eby certify that the ab	ove named mate	erial is not a hazardous w	aste as define	d by 40 C	FR 261 or any a	pplicable
state low has been properly described of	riassified and nackage	ed, and is in prot	er condition for transport	ation accordin	g to appin	cable regulations	, AUND, II HIIS
wasta is a treatment residue of a previou	isły restricted hazardo	us waste subjec	t to the Land Disposal Re	estrictions. I ce	erniy and i	wanani inai ine v	waste nas
been treated in accordance with the requ	irements of 40 CFR 2	268 and is no lon	ger a hazardous waste a	s defined by 4	U CFR 26	- /	
Stern Fatra		JULEC	James		Z.	8/22/17	3
p. Generator Authorized Agent Name (P		Signature		***	r. Date		****
II. TRANSPORTER (Gen-	erator completes	Ila-b and Tra	nsporter completes	lic-e)			
a. Transporter's Name and Address:	Oraco otropic			,			
a. Italiopolioi o Italio allo Italio							
1							
							!
b. Phone:		1.1			7	100	
	Fran	de Wes	new	8/	12/	~	
c. Driver Name (Print)	Jan.		nu	e. Date	7	~	
FRANK WARREN		-c and Destin	ation Site completes	s IIId-g)	72/	~~	
c. Driver Name (Print) III. DESTINATION (General		c. US EPA Nur	mber d. Discrepancy Ir	s IIId-g)	2 2 de	~>	
c. Driver Name (Print) III. DESTINATION (General August 1985) a. Disposal Facility and Site Address: Newton County Landfill		-c and Destin	ation Site completes	s IIId-g)	7 2 / 1 2 2 / 1	3	\$
c. Driver Name (Print) III. DESTINATION (General Action of the Address: Newton County Landfill 2266 E. 500 South		c. US EPA Nur	mber d. Discrepancy Ir	s IIId-g)	22/1 e:	9	
c. Driver Name (Print) III. DESTINATION (General Augustian Site Address: Newton County Landfill 2266 E. 500 South Brook IN 47922	ator complete IIIa	-c and Destin c. US EPA Nur 56-05	mber d. Discrepancy In NA	s IIId-g) ndication Space	*) 9-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	5 9,2	\
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook IN 47922	ator complete IIIa	-c and Destin c. US EPA Nur 56-05	mber d. Discrepancy In NA	s IIId-g) ndication Space	*) 9-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Jurate.	
c. Driver Name (Print) III. DESTINATION (General August 1997) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922	ator complete IIIa	-c and Destin c. US EPA Nur 56-05	mber d. Discrepancy In NA	s IIId-g) ndication Space	*) 9-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	surate.	
c. Driver Name (Print) III. DESTINATION (General Augustian Side Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named material sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the sides of the side	ator complete IIIa	c. US EPA Nur 56-05 ted and to the be	mber d. Discrepancy In NA	s IIId-g) Indication Space	*) 9-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Surate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate	terial has been accept	c. US EPA Nui 56-05 ted and to the be	nber d. Discrepancy In NA NA est of my knowledge the fi	s IIId-g) ndication Space	*) 9-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Surate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	terial has been accept	c. US EPA Nui 56-05 ted and to the be	d. Discrepancy In NA set of my knowledge the form complete IVg-i)	oregoing is tru	e and acc	y urate.)
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address:	terial has been accept	c. US EPA Nui 56-05 ted and to the be	d. Discrepancy In NA est of my knowledge the for complete IVg-i) c. Responsible Agency	oregoing is tru	e and acc	Surate.)
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	terial has been accept	c. US EPA Nui 56-05 ted and to the be	d. Discrepancy In NA set of my knowledge the form complete IVg-i)	oregoing is tru	e and acc	9, 3 urate.	
c. Driver Name (Print) III. DESTINATION (General Action of Authorized Agent (Print) Phone: 219.394.7222 or 7221 I herby certify that the above named mather than the action of Authorized Agent (Print) IV. ASBESTOS (Generator of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of Authorised Address: Assertion of	terial has been accept	c. US EPA Nui 56-05 ted and to the be	d. Discrepancy In NA est of my knowledge the for complete IVg-i) c. Responsible Agency	oregoing is tru	e and acc	Surate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable	terial has been accept f. Signaturer completes IVa-f	c. US EPA Nui 56-05 ted and to the be	d. Discrepancy In NA est of my knowledge the for complete IVg-i) c. Responsible Agency	oregoing is tru	e and acc	Surate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable	terial has been accept f. Signaturer completes IVa-f	c. US EPA Nui 56-05 ted and to the be	est of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable	oregoing is tru	e and acc	surate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable	terial has been accept f. Signaturer completes IVa-f	c. US EPA Nui 56-05 ted and to the be	est of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable	oregoing is tru	e and acc	surate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named matter in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	terial has been accept f. Signaturer completes IVa-f	c. US EPA Nur 56-05 ted and to the beare and Operato	d. Discrepancy In NA est of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	oregoing is tru g. Date	e and acc	18811	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named matter in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	terial has been accept f. Signature or completes IVa-feditional Information:	c. US EPA Nur 56-05 ted and to the be are and Operato	d. Discrepancy In NA est of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	g. Date	e and acc	ve by proper ship	oping name
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable D. Phone: e. Special Handling Instructions and Address: Not Applicable	terial has been accept f. Signature or completes IVa-feditional Information:	c. US EPA Nur 56-05 ted and to the be are and Operato	d. Discrepancy In NA est of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	g. Date	e and acc	ve by proper ship	oping name national and
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable D. Phone: e. Special Handling Instructions and Address: Not Applicable	terial has been accept f. Signature or completes IVa-feditional Information:	c. US EPA Nur 56-05 ted and to the be are and Operato	d. Discrepancy In NA est of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	g. Date	e and acc	ve by proper ship	oping name national and
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named matter in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	terial has been accept f. Signature or completes IVa-feditional Information:	c. US EPA Nur 56-05 ted and to the be are and Operato	d. Discrepancy In NA est of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	g. Date	e and acc	ve by proper ship	oping name national and
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable f. ☐ Friable ☐ Non-Friable ☐ Bo OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and national governmental regulations.	terial has been accept f. Signaturer completes IVa-f ditional Information: with % Fria by declare that the co- labeled and are in all	c. US EPA Nur 56-05 ted and to the be are and Operato able ntents of this cor respects in prop	d. Discrepancy In NA est of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	s IIId-g) ndication Space oregoing is tru g. Date Name and Acceptately described by highway acceptance.	e and acc	ve by proper ship	oping name national and
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable D. Phone: e. Special Handling Instructions and Address: Not Applicable	terial has been accept f. Signaturer completes IVa-from lational Information: the work of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	c. US EPA Nur 56-05 ted and to the be are and Operato able ntents of this cor respects in prop	d. Discrepancy In NA est of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone: % Non-Friable resignment are fully and a er condition for transport	s IIId-g) ndication Space organized is true g. Date r Name and Acceptable in Date	e and according to	ve by proper ship	lational and



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or comp	0100 10 17						
a. Generator's US EPA ID Number	_ 4	b. l	Manifest Docum	nent Number NH-100		c. Page	1 of	
STOTE # IL 03/63/	529	13		N41-100	₹		1	
d. Generator's Name and Location:	<u> </u>			e. Generator's Mailing Ad-	dress:			
USEPA Region 5				Environtemental Restorat				
947 West Cullerton St				1666 Fabick Dr		•		
Chicago IL 60608				Fenton MO 63026				
f. Phone:312-353-9351				g. Phone:636-227-7477				
If owner of the generating facility differs fr	om the ge	nerator, prov	ride:					
h. Owner's Name:			1	i. Owner's Phone No.:			_ *-1-1	- II-9
j. Waste Profile #	k. Exp. I	Date	•	ping Name and	m. Con		n. Total	o. Unit
			Description		No.	Туре	Quantity	Wt/Vol
47181312520	2/1/14		non hazardou	us, treated soil				
						-	a 10	اک ی ا
					001	DT	018	77
								 _
					ļ			
					+			
	İ							
GENERATOR'S CERTIFICATION: I here	eby certify	that the abo	ve named mate	erial is not a hazardous wast	e as define	d by 40 C	FR 261 or any ap	plicable
state law, has been properly described, c	lassified a	nd package	d, and is in prop	er condition for transportation	on accordin	g to applic	able regulations;	AND, if this
waste is a treatment residue of a previous	sly restrict	ed hazardou	s waste subject	to the Land Disposal Restri	ictions. I ce	ertify and v	warrant that the w	aste has
been treated in accordance with the requ	irements d	of 40 CFR 26	i8 and is no long	ger a hazardous waste as d	efined by 4) CFR 26	1.	
		5	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	7		. 4		
THEOR Varyan			LUK	19-50		0/2	:4/3	
p. Generator Authorized Agent Name (Pr	int)	q. Sig	gnature			r. Date	4	
II. TRANSPORTER (Gene	erator co	mpletes II	a-b and Tra	nsporter completes lic	-e)			
a. Transporter's Name and Address:								
a. Hansporter 3 Harrie and Address.			AB 45	2				
b. Phone:								
		7/1		3	·	v /	1	
Victor L Trimuel	ļ	05				8/22	43	
c. Driver Name (Print)		d. Signatur	е		e. Date	<i>j</i> 3		
III. DESTINATION (Genera	tor com	olete Illa-d	and Destina	ation Site completes II	ld-a)			
			c. US EPA Nur					·
a. Disposal Facility and Site Address:		I .	C. US EFA NUI			C		
		II.	EC NE		ation Spac	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		
Newton County Landfill		II.	56-05	NA NA	ation Spac			:
2266 E. 500 South		II.	56-05		ation Spac		5)(0)	;
2266 E. 500 South Brook, IN 47922		II.	56-05		ation space		26	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	vial has h			NA .			D) (a)	
2266 E. 500 South Brook, IN 47922	erial has b			NA .			urate.	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	erial has b			NA .			D) (o)	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate	erial has b	een accepte	d and to the be	NA .	going is true		urate.	· · · · · · · · · · · · · · · · · · ·
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate		een accepte	d and to the be	NA st of my knowledge the fore			Traite.	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)		een accepte	d and to the be	NA st of my knowledge the fore	going is true	and acs	Discontinue de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate		een accepte	d and to the be	st of my knowledge the fore r complete IVg-i) c. Responsible Agency Na	going is true	and acs	DSC Trate	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate		een accepte	d and to the be	NA st of my knowledge the fore	going is true	and acs	DSG (
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address:		een accepte	d and to the be	st of my knowledge the fore r complete IVg-i) c. Responsible Agency Na	going is true	and acs	Discontinue de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable		een accepte	d and to the be	nA st of my knowledge, the fore r complete IVg-i) c. Responsible Agency Na Not Applicable	going is true	and acs	Discontinue (
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone:	r comple	een accepte f. Signature etes IVa-f a	d and to the be	st of my knowledge the fore r complete IVg-i) c. Responsible Agency Na	going is true	and acs	Discontinue de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable	r comple	een accepte f. Signature etes IVa-f a	d and to the be	nA st of my knowledge, the fore r complete IVg-i) c. Responsible Agency Na Not Applicable	going is true	and acs	Discontinue de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone:	r comple	een accepte f. Signature etes IVa-f a	d and to the be	nA st of my knowledge, the fore r complete IVg-i) c. Responsible Agency Na Not Applicable	going is true	and acs	D) (e)	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add	comple	een accepte f. Signature tes IVa-f a	d and to the be	na st of my knowledge the forest complete IVg-i) c. Responsible Agency Na Not Applicable d. Phone:	going is true	and acs	Discontinuity of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add	comple	een accepte f. Signature etes IVa-f a	d and to the bear	nx st of my knowledge the forest complete (Vg-i) c. Responsible Agency Na Not Applicable d. Phone:	going is true g. Date	and acs	3U>	
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hereb	r comple itional Info h ov declare	een accepte f. Signature etes IVa-f a	d and to the bear	nx st of my knowledge the forest complete IVg-i) c. Responsible Agency Na Not Applicable d. Phone: % Non-Friable signment are fully and accurate.	going is true g. Date ame and Ad	and acs	re by proper shipp	oing name
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and I	r comple itional Info h ov declare	een accepte f. Signature etes IVa-f a	d and to the bear	nx st of my knowledge the forest complete IVg-i) c. Responsible Agency Na Not Applicable d. Phone: % Non-Friable signment are fully and accurate.	going is true g. Date ame and Ad	and acs	re by proper shipp	oing name ational and
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hereb	r comple itional Info h ov declare	een accepte f. Signature etes IVa-f a	d and to the bear	nx st of my knowledge the forest complete IVg-i) c. Responsible Agency Na Not Applicable d. Phone: % Non-Friable signment are fully and accurate.	going is true g. Date ame and Ad	and acs	re by proper shipp	oing name ational and
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and I	r comple itional Info h ov declare	een accepte f. Signature etes IVa-f a	d and to the bear	nx st of my knowledge the forest complete IVg-i) c. Responsible Agency Na Not Applicable d. Phone: % Non-Friable signment are fully and accurate.	going is true g. Date ame and Ad	and acs	re by proper shipp	oing name ational and
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and I national governmental regulations.	r comple itional Info h ov declare	een accepte f. Signature stes IVa-f a ermation: % Friab that the confid are in all re	d and to the bearing and Operator leters of this consequences in proper	nx st of my knowledge the forest complete IVg-i) c. Responsible Agency Na Not Applicable d. Phone: % Non-Friable signment are fully and accurate.	going is true g. Date g. Date ame and Ad rately describinghway ac	and acs	re by proper shipp	oing name ational and
2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and I	itional Info h by declare abeled an	een accepte f. Signature etes IVa-f a ermation: % Friab that the cont d are in all re h. Signature	d and to the bearing and Operator leters of this consequences in property.	st of my knowledge the forest complete IVg-i) c. Responsible Agency Na Not Applicable d. Phone: % Non-Friable signment are fully and accurer condition for transport by I	going is true g. Date g. Date ame and Ad rately descinighway ac	dress:	ve by proper shipp applicable interna	ational and



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la-r)						
a. Generator's US EPA ID Number	- 0 00 b.	Manifest Docum	ent Number NH-11	Λ	c. Page		
STOTE # IL 03/63/	5273		/V W- /	<u>U</u>			
d. Generator's Name and Location:			e. Generator's Mailing A Environtemental Restor				
USEPA Region 5	•		1666 Fabick Dr	ation			
947 West Cullerton St Chicago IL 60608			Fenton MO 63026				
f. Phone:312-353-9351			g. Phone:636-227-7477				
If owner of the generating facility differs fro	om the generator, prov	vide:					
, and a die general grand							
h. Owner's Name:	r		i. Owner's Phone No.:		4 - 1	T-1-1	1 - 11-14
j. Waste Profile #	k. Exp. Date		ping Name and	m. Con		n. Total Quantity	o. Unit Wt/Vol
	2444	Description	- 11	No.	Туре	Quantity	VVU V U
47181312520	2/1/14	non nazardol	s, treated soil				2
;				201	NT	018	احران ا
				001	DT	010	19
				-			
				+			
						<u> </u>	
GENERATOR'S CERTIFICATION: I here	hy certify that the sho	ve named mate	rial is not a hazardous wa	ste as define	d by 40 C	FR 261 or any an	plicable
state law has been properly described of	lassified and nackage	d and is in prop	er condition for transporta	tion accordin	д то арри	capie regulations,	AND, II INS
waste is a treatment residue of a previous	siv restricted hazardou	ıs waste subiect	to the Land Disposal Res	strictions. I co	ertiry and v	warrant mat the v	vaste has
been treated in accordance with the requi	irements of 40 CFR 26	8 and is no long	ger a hazardous waste as	defined by 4	0 CFR 26	1. <u> </u>	
· ·					8/2		
- 2/EDEN LOUNG		<u> </u>			r. Date		
p. Generator Authorized Agent Name (Pr	int) gasi	gnature			r. Date	4	
II. TRANSPORTER (Gene	erator completes I	la-b and Trai	nsporter/completes []	ic-e)			
a. Transporter's Name and Address:			•			** * *	
-							
		A					
h Disassi		1/2					
b. Phone:			- All in the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last	\$	1	A-a-t-	
105 Wh Woods	h.,			*	122/1	7	
c. Driver Name (Pfint)	d. Signatu	re/l		e. Date	- J		
			ation Site completes	Ilid-a)			
*****	ator complete ma	c. US EPA Nur					
a. Disposal Facility and Site Address: Newton County Landfill		56-05	NA	Jication opac	~. ^ /	$rac{1}{2}$	
2266 E. 500 South	1	30-03	AND THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O		1		
Brook, IN 47922		نتير			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Marie 1 marie 1	
b Dhone: 219 394 7222 or 7221			"Walancan	<u> </u>			
I herby certify that the above named mate	erial has been accepte	ed and to the be	at of my knowledge the for	regoing is tru	e and acc	ugate 🥎 🔞 🕹	,
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		No.	$K \cap J \subset V$	
· · · · · · · · · · · · · · · · · · ·			- I de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la compan	g. Date		U- 3/	····································
e. Name of Authorized Agent (Print)	f. Signatur			g. Date			
IV. ASBESTOS (Generator	r completes IVa-f	and Operato	compléte IVg-i)/				
a. Operator's Name and Address:			c. Responsible Agency I	Name and Ad	ldress:		
Not Applicable			Not Applicable				
<u></u>			d. Phone:				
b. Phone:	litianal Information:		u. Filone.				
e. Special Handling Instructions and Add	monai momation.						
f. Friable Non-Friable Bot	th % Friat	ole	% Non-Friable				
OPERATOR'S CERTIFICATION: I beret	y declare that the con	tents of this con	signment are fully and ac	curately desc	ribed abov	ve by proper ship	ping name
and are classified, packed, marked and l	labeled and are in all r	espects in prope	er condition for transport b	y highway ac	cording to	applicable interr	ational and
national governmental regulations.							
				: D-1-			
g. Operator's Name and Title (Print)	h, Signatu	ire		i. Date	r repolich	ad or the demolit	ion or
*Operator refers to the company which o	wns, leases, operates	, controls, or su	pervises the facility being	demonstred (A TEHOVAL	su, or the demoni	JULI GI
renovation operation or both							



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes l	la-r)		<u></u>			
a. Generator's US EPA ID Number	-000	b. Manifest Docum	ent Number	ł s	c. Page	1 of 1	
STATE # IL 03/631	<u>5273</u>		e. Generator's Mailing	Addross:			
d. Generator's Name and Location: USEPA Region 5			Environtemental Resto				
947 West Cullerton St			1666 Fabick Dr				
Chicago IL 60608			Fenton MO 63026 g. Phone:636-227-747	7			
f. Phone:312-353-9351 If owner of the generating facility differs fr	om the generator	r provide:	g. Filotie.030-221-141				
is owner or the generating facility directs in	on are generate	·, p. · · · · ·				•	
h. Owner's Name:		L W L Obi-	i. Owner's Phone No.:	- Cor	ntainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	Type	Quantity	Wt/Voi
47181312520	2/1/14		s, treated soil	a	-21		
71 (010)2323					-	~ LD	1,3
				001	DT	018	19
				-			
GENERATOR'S CERTIFICATION: I her	oby certify that th	ne above named mate	rial is not a hazardous w	vaste as define	ed by 40 C	FR 261 or any ap	plicable
the term has a proporty decoribed of	Jaccified and nor	-kaced, and is in prop	er condition for transpor	tation accordii	nd to appin	capie requiations,	AND, KUIS
weets is a treatment residue of a previous	sly restricted haz	rardous waste subiect	to the Land Disposal Re	estrictions. I c	еппу апо	warrant that the v	vaste has
been treated in accordance with the requ	irements of 40 C	FR 268 and is no lone	ger a hazardous waste a	is defined by 4	U CFR 26	1.	
Stanoi Far	0 h	A TILL	7			しいし	
p. Generator Authorized Agent Name (F	rint)	g Signature	-0		r. Date		
II. TRANSPORTER (Gen	erator comple	etes Ila-b and Tra	nsporter completes	llc-e)			
a. Transporter's Name and Address:	·						
b. Phone:		-1					
	1 5	Took	· Ja		X177	1,3	
6 Jose Sie	4	gnature /	read	e. Date	9 L 		
c. Driver Name (Print)			ation Site completes				.,
III. DESTINATION (Genera	ator complete	c. US EPA Nur		ndication Spa	<u>~~·</u>		
a. Disposal Facility and Site Address: Newton County Landfill		56-05	NA	mucation Spa	or.		
2266 E. 500 South		0000		,	X		
Brook, IN 47922				1	\mathcal{A}	- 37	
b. Phone: 219.394.7222 or 7221 I herby certify that the above named ma	tariel boo boon o	accepted and to the he	st of my knowledge the t	fóregoing is te	e and acc	urate.	
i herby certify that the above named mai	ienai nas been a	coepted and to the be	st of thy knowledge the	lo logo il log		J//~	
				-> (_	عي د	3 6 6	
e. Name of Authorized Agent (Print)		gnature		g. Date	l.		
IV. ASBESTOS (Generato	r completes l	Va-f and Operato	r complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency	y Name and A	ddress:		
Not Applicable		•	Not Applicable				
						-	
b. Phone:			d. Phone:				
e. Special Handling Instructions and Ad	ditional Informati	on:					
f. Friable Non-Friable Bo	oth 9	6 Friable	% Non-Friable				
CREATORIO CERTIFICATION: Lhoro	by doclare that t	he contents of this cor	signment are fully and a	accurately des	cribed abo	ve by proper ship	ping name
and are classified, packed, marked and	labeled and are	in all respects in prop	er condition for transport	by highway a	ccording to	applicable interi	national and
national governmental regulations.							
g. Operator's Name and Title (Print)	h. S	Signature		i, Date			
*Operator refers to the company which	owns, leases, op	erates, controls, or su	pervises the facility bein	g demolished	or renovat	ed, or the demoli	tion or
repoyation operation or both							



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

	or completes la-r)						
a. Generator's US EPA ID Number	- 0 92 b.	Manifest Docum	ent Number H- []	12	c. Page	1 of 1	
STOTE # IL 03/631	5273		e. Generator's Mailing A		Ĺ <u>.</u>	1	
d. Generator's Name and Location: USEPA Region 5			Environtemental Restor				
947 West Cullerton St			1666 Fabick Dr				
Chicago IL 60608			Fenton MO 63026	•			
f. Phone:312-353-9351			g. Phone:636-227-7477	····			
If owner of the generating facility differs fr	om the generator, pro	vide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		ping Name and		tainers	n. Total Quantity	o. Unit Wt∕Vol
*	2/1/14	Description	s, treated soil	No.	Type	Quantity	740401
47181312520	2/1/14	non nazardot	io, treated son			1 _	3
				001	DT	018	1 Y ()
				00.	· · ·	0.0	10
GENERATOR'S CERTIFICATION: I here	eby certify that the abo	ove named mate	rial is not a hazardous wa	aste as define	ed by 40 C	FR 261 or any ap	plicable
state law has been properly described in	lassified and package	ed, and is in prop	er condition for transports	ation according	ig to applic	cable regulations;	AND, if this
waste is a treatment residue of a previous been treated in accordance with the requ	sly restricted hazardor	us waste subject	to the Land Disposal Kes	strictions. 10	ertiry and v o CER 26	warrani mai me v 1	vaste nas
been treated in accordance with the requ	Hemenis of 40 CFR 2	oo and is no long	er a nazardous waste as	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
Sterie fation	1.	RUL	- Au		- 3	122/13	
p. Generator Authorized Agent Name (Pr	int) (q.s	ignature			r. Date		
II. TRANSPORTER (Gene	erator completes !	lla-b and Tra	nsporter completes I	lc-e)			
a. Transporter's Name and Address:							
						(
		Spranner San Control of Street Street				\	
b. Phone:	Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio	Anna in	* Ne			``	
and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	X \ S6.	71					
1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Reserve Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commen		Q /	. / 12	13 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15 Jan 15
p - CIM LIMANIV				a Data	8/r	2/13	
c. Driver Name (Print)	d. Signatu		City and to a	e. Date	8/r	413	
III. DESTINATION (Genera		c and Destin	ation Site completes	IIId-g)	8/2	2/13	
III. DESTINATION (General a. Disposal Facility and Site Address:		c and Destin	nber d. Discrepancy In	IIId-g)	8/z.	2/13	
III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill		c and Destin	ation Site completes	IIId-g)	8/z.	2/13	
III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922		c and Destin	nber d. Discrepancy In	IIId-g)	8/2: pe:	2/13	
III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219 394 7222 or 7221	ator complete IIIa-	c and Destin c. US EPA Nur 56-05	nber d. Discrepancy In NA	IIId-g) dication Space	·	2/13	
III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922	ator complete IIIa-	c and Destin c. US EPA Nur 56-05	nber d. Discrepancy In NA	IIId-g) dication Space	·	2/13	
III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219 394 7222 or 7221	ator complete IIIa-	c and Destin c. US EPA Nur 56-05	nber d. Discrepancy In NA	IIId-g) dication Space	·	urate.	
III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named materials and south and south services are south south.	ator complete IIIa-	c and Destination of the bed and to the bed	nber d. Discrepancy In NA	IIId-g) dication Space	·	2/13 urate	
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mat	erial has been accept	c and Destination of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear	nber d. Discrepancy In NA	IIId-g) dication Space	·	2/13 urate.	
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato	erial has been accept	c and Destination of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear	st of my knowledge the for complete IVg-i) c. Responsible Agency	dication Span	ie and acc	2/13 urate.	
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mat	erial has been accept	c and Destination of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear	st of my knowledge the for	dication Span	ie and acc	2/13 urate.	
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato	erial has been accept	c and Destination of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear	st of my knowledge the for complete IVg-i) c. Responsible Agency	dication Span	ie and acc	2/13 urate.	
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generators) Not Applicable	erial has been accept	c and Destination of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear	st of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable	dication Span	ie and acc	urate.	
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone:	erial has been accept f. Signatur completes IVa-f	c and Destination of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear	st of my knowledge the for complete IVg-i) c. Responsible Agency	dication Span	ie and acc	2/13 urate	
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generators) Not Applicable	erial has been accept f. Signatur completes IVa-f	c and Destination of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear of the bear	st of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable	dication Span	ie and acc	2/13 urate	
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address	erial has been accept f. Signatur completes IVa-f	c and Destination of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best	st of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	dication Span	ie and acc	2/13 urate	
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address:	erial has been accept f. Signatu r completes IVa-f	c and Destination of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of the beautiful control of	st of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	dication Space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of	ddress:		ping name
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: f. Friable Non-Friable Books (CERTIFICATION: Legel	erial has been accept f. Signatu r completes IVa-f ditional Information:	c and Destination of the beautiful control of the beautiful control of the beautiful control of the control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of	st of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	dication Space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of	ddress:	ve by proper ship	ping name
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	erial has been accept f. Signatu r completes IVa-f ditional Information:	c and Destination of the beautiful control of the beautiful control of the beautiful control of the control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of	st of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	dication Space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of	ddress:	ve by proper ship	ping name
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: f. Friable Non-Friable Books (CERTIFICATION: Legel	erial has been accept f. Signatu r completes IVa-f ditional Information:	c and Destination of the beautiful control of the beautiful control of the beautiful control of the control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of this control of	st of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	dication Space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of	ddress:	ve by proper ship	ping name
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generatonal Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and national governmental regulations.	erial has been accept f. Signatu r completes IVa-f ditional Information: th % Fria by declare that the collabeled and are in all	c and Destination of the beautiful control of the beautiful control of the beautiful control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	st of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone:	dication Space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of	ddress:	ve by proper ship	ping name
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	erial has been accept f. Signatur completes IVa-f ditional Information: th % Friably declare that the collabeled and are in all the Signature.	c and Destination of the beautiful control of this correspects in properties.	st of my knowledge the for complete IVg-i) c. Responsible Agency Not Applicable d. Phone: % Non-Friable asignment are fully and accert condition for transport to	dication Space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of	ddress:	ve by proper ship o applicable interr	national and



 GENERATOR (Generat 	or combletes is	a-1)						
a. Generator's US EPA ID Number	- 0-	b. Manifest Docum	nent Number	115	`	c. Page	1 of	
STOTE # IL 031631	15243		/V #\·	-11	5		1	
d. Generator's Name and Location:	· · · · · · · · · · · · · · · · · · ·		e. Generator's M		idress:			
USEPA Region 5			Environtemental					
947 West Cullerton St			1666 Fabick Dr					
Chicago IL 60608			Fenton MO 6302					
f. Phone:312-353-9351		.,	g. Phone:636-22	7-7477				
If owner of the generating facility differs f	rom the generator,	provide:						
h Owner's Name:	,		i. Owner's Phone	No				
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I Mosto Chin	ping Name and	# INO	m. Con	tainara	n. Total	o. Unit
j. vvaste Fluite #	K. LAP. Date	Description	ping Name and		No.	Type	Quantity	Wt/Vol
47181312520	2/1/14		us, treated soil	-	140.	Type	Quartery	440401
47701012320	2/1/14	HOW HELENCO	us, treated son					1
						NT	018	1012
				:	001	DT	O O	19
				-				•
GENERATOR'S CERTIFICATION: I her	oby cortify that the	above named mate	rial is not a hazard	0110 11100	to an define	d by 40 Ci	ED 261 or ony on	nlicable
state law, has been properly described, of								
waste is a treatment residue of a previou								
been treated in accordance with the requ	irements of 40 CF	R 268 and is no lone	per a hazardous wa	iste as d	efined by 40	CFR 261	 -	1310 1103
Dealt tracted in adopted to the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of the traction of th		(S)				r-	1 1	
HOUR GOMO	1	X0,00,	(TOUR			8	124/13	
p. Generator Authorized Agent Name (Pi	rint)	- Signature				r. Date	*	
II. TRANSPORTER (Gen			nsporter comble	ates IIc	<u></u>			
	Crator complete	o na b ana man		بارا تحوي	· C)			
a Transportaria Namo and Address:				:				
a. Transporter's Name and Address:							,	
a. Transporter's Name and Address:							(
a. Transporter's Name and Address:							(
a. Transporter's Name and Address: b. Phone:							(<u> </u>	
b. Phone:	V	T				ø/·	1,1,7	
b. Phone: José Sida	*	Jour	rida			8/;	26/13	
b. Phone: José Sida c. Driver Name (Print)	d. Sign		<u> </u>		e. Date	8/;	26/13	
b. Phone: José Sida			<u> </u>	letes II		8/;	20/13	
b. Phone: C. Driver Name (Print) III. DESTINATION (General		la-c and Destina	ation Site comp		ld-g)	8/;	20/13	
b. Phone: José Sida c. Driver Name (Print)			ation Site comp		ld-g)	8/;	20/13	
b. Phone: C. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address:		la-c and Destina c. US EPA Nun	ation Site comp		ld-g)	8/;	10/13	
b. Phone: C. Driver Name (Print) III. DESTINATION (General August 2014) a. Disposal Facility and Site Address: Newton County Landfill		la-c and Destina c. US EPA Nun	ation Site comp		ld-g)	8/;	19/13	
b. Phone: C. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	ator complete II	la-c and Destina c. US EPA Nun 56-05	ation Site componing d. Discrepa	ncy Indi	Id-g) cation Space	8	19/13	
b. Phone: C. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922	ator complete II	la-c and Destina c. US EPA Nun 56-05	ation Site componing d. Discrepa	ncy Indi	Id-g) cation Space	8	2c/13	
b. Phone: C. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	ator complete II	la-c and Destina c. US EPA Nun 56-05	ation Site componing d. Discrepa	ncy Indi	Id-g) cation Space	8	26/13)[C]()	
b. Phone: C. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mat	etor complete II	c. US EPA Nun 56-05	ation Site componing d. Discrepa	ncy Indi	Id-g) cation Space	8	2c/13	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate.	erial has been acc	c. US EPA Nun 56-05 epted and to the bea	ation Site composite of Discrepa NA	the fore	Id-g) cation Space	8	2c/13	
b. Phone: C. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mat	erial has been acc	c. US EPA Nun 56-05 epted and to the bea	ation Site complete IVg-	the fore	Id-g) cation Space going is true g. Date	paho accu	2c/13	
b. Phone: C. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 l. herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato	erial has been acc	c. US EPA Nun 56-05 epted and to the bea	ation Site composite of Discrepa NA	the fore	Id-g) cation Space going is true g. Date	paho accu	2c/13)(C)() irate ()	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate.	erial has been acc	c. US EPA Nun 56-05 epted and to the bea	ation Site complete IVg-	the fore	Id-g) cation Space going is true g. Date	paho accu	26/13)[C]() irate	
b. Phone: C. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address:	erial has been acc	c. US EPA Nun 56-05 epted and to the bea	ation Site complete IVg-i	the fore	Id-g) cation Space going is true g. Date	paho accu	26/13)[C]() irate)	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable	erial has been acc	c. US EPA Nun 56-05 epted and to the bea	ation Site composite of my knowledge r complete Ivg-i c. Responsible Ac Not Applicable	the fore	Id-g) cation Space going is true g. Date	paho accu	26/13)[C]() irate ()	
b. Phone: C. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. P. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone:	erial has been accomplete II f. Signar completes IVa	c. US EPA Nun 56-05 epted and to the bea	ation Site complete IVg-i	the fore	Id-g) cation Space going is true g. Date	paho accu	2c/13)(C)() irate ()	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable	erial has been accomplete II f. Signar completes IVa	c. US EPA Nun 56-05 epted and to the bea	ation Site composite of my knowledge r complete Ivg-i c. Responsible Ac Not Applicable	the fore	Id-g) cation Space going is true g. Date	paho accu	26/13)[C]() irate ()	
b. Phone: C. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. P. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone:	erial has been accomplete II f. Signar completes IVa	c. US EPA Nun 56-05 epted and to the bea	ation Site composite of my knowledge r complete Ivg-i c. Responsible Ac Not Applicable	the fore	Id-g) cation Space going is true g. Date	paho accu	26/13)[C]() irate ()	
b. Phone: C. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. P. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address:	erial has been accomplete II f. Signs r completes IVa	c. US EPA Nun 56-05 epted and to the bes ature a-f and Operator	ation Site componder d. Discrepa NA st of my knowledge c. Responsible Ac Not Applicable d. Phone:	the fore	Id-g) cation Space going is true g. Date	paho accu	26/13)[C]() irate ()	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: f. Friable Non-Friable Bot	erial has been accompletes IVa	c. US EPA Nun 56-05 epted and to the beature a-f and Operator	ation Site componder d. Discrepa NA st of my knowledge r complete IVg-i c. Responsible Ac Not Applicable d. Phone:	the fore	going is true g. Date	dress:	0(1)	
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Pri	erial has been accompletes IVa	c. US EPA Nun 56-05 epted and to the beature a-f and Operator	ation Site componder d. Discrepa NA st of my knowledge c. Responsible Ac Not Applicable d. Phone: % Non-Friable signment are fully a	the fore	going is true g. Date gme and Ad	dress:	e by proper shipp	oing name
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable. b. Phone: e. Special Handling Instructions and Address: Not Applicable. f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I heret and are classified, packed, marked and its packed.	erial has been accompletes IVa	c. US EPA Nun 56-05 epted and to the beature a-f and Operator	ation Site componder d. Discrepa NA st of my knowledge c. Responsible Ac Not Applicable d. Phone: % Non-Friable signment are fully a	the fore	going is true g. Date gme and Ad	dress:	e by proper shipp	oing name ational and
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Principle Description of Pri	erial has been accompletes IVa	c. US EPA Nun 56-05 epted and to the beature a-f and Operator	ation Site componder d. Discrepa NA st of my knowledge c. Responsible Ac Not Applicable d. Phone: % Non-Friable signment are fully a	the fore	going is true g. Date gme and Ad	dress:	e by proper shipp	oing name ational and
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable. b. Phone: e. Special Handling Instructions and Address: Not Applicable. f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I heret and are classified, packed, marked and its packed.	erial has been accompletes IVa	c. US EPA Nun 56-05 epted and to the beature a-f and Operator	ation Site componder d. Discrepa NA st of my knowledge c. Responsible Ac Not Applicable d. Phone: % Non-Friable signment are fully a	the fore	going is true g. Date gme and Ad	dress:	e by proper shipp	oing name ational and
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable. b. Phone: e. Special Handling Instructions and Address: Not Applicable. f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and inational governmental regulations.	erial has been according f. Signar completes IVa	c. US EPA Nun 56-05 epted and to the bese ature a-f and Operator riable contents of this contail respects in prope	ation Site componder d. Discrepa NA st of my knowledge c. Responsible Ac Not Applicable d. Phone: % Non-Friable signment are fully a	the fore	going is true g. Date ame and Ad	dress:	e by proper shipp	oing name ational and
b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hered and are classified, packed, marked and its second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	f. Signar completes IVa	c. US EPA Nun 56-05 epted and to the bese ature a-f and Operator riable contents of this contail respects in prope	ation Site componder d. Discrepa NA st of my knowledge c. Responsible Ac Not Applicable d. Phone: % Non-Friable signment are fully a per condition for trans	the fore i) gency Na and accusport by	going is true g. Date g. Date ame and Ad arrately describighway acc	dress:	e by proper shipp applicable interna	ational and



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

Trock# 173

I. GENERATOR (Generate	or completes	la-r)						
a. Generator's US EPA ID Number	- 0-	b. Manifest Docum	ent Number \ H-	1 8 2 1		c. Page		
STaTe # IL 03/631	5293		/V#~	114			1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mai Environtemental R 1666 Fabick Dr Fenton MO 63026 g. Phone:636-227-	estoration	SS:			
If owner of the generating facility differs from	om the generate	or, provide:						
h. Owner's Name:			i. Owner's Phone N	do -				
i. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and		m. Con	ainers	n. Total	o. Unit
		Description		ļ	No.	Туре	Quantity	Wt∕Vol
47181312520	2/1/14	non hazardoù	is, treated soil	(001	DT	018	43
			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requ	lassified and pa	ickaged, and is in prop zardous waste subject	er condition for trans to the Land Disposa	portation a	according	to applicatify and voices of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	able regulations; varrant that the w	AND, if this
THOUGH tarra	· -	XOU.	AU			8	126/13	
p. Generator Authorized Agent Name (Pr	int) (g Signature		-		r. Date 4		
II. TRANSPORTER (Gene				es IIc-e))			
a. Transporter's Name and Address: b. Phone: C30 243 78860	2-force 700 E Chicas	Juc orr Road Heights IL	60411		Fr	T SN	0#1	13
J. Mone.		711/1/	www.			8/26	1,2	
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		fire po		1	e. Date	<u>0124</u>	<u>'/ </u>	
c.*Driver Name (Print)*		ignature						
III. DESTINATION (General	itor complete							
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		c. US EPA Nun 56-05	NA NA				049	>
Therby certify that the above named mat	erial has been a	accepted and to the be	st of my knowledge t	he foregoi	ng is true	and acci	urate.	~
MAKH L		7/11/6					1/10/	5
e. Name of Authorized Agent (Print)	f. S	ignature)	g. Date		1000	
IV. ASBESTOS (Generato			r complete tVa-i)	· · · · · · · · · · · · · · · · · · ·	· · · · ·			
a. Operator's Name and Address:	. Joinpictos	, , a land operate	c. Responsible Age		e and Ad	dress:		
Not Applicable			Not Applicable					
b. Phone:			d. Phone:					
e. Special Handling Instructions and Add	litional Informat	ion:	· · · · · · · · · · · · · · · · · · ·			4 -		
			% Non-Friable	-				
f. ☐ Friable ☐ Non-Friable ☐ Bo OPERATOR'S CERTIFICATION: I herel	w declare that t	% Friable the contents of this con	signment are fully ar	nd accurate	ely desci	ribed abov	e by proper ship	ping name
and are classified, packed, marked and national governmental regulations.	labeled and are	in all respects in prope	er condition for transp	port by hig	hway ac	cording to	applicable intern	ational and
g. Operator's Name and Title (Print)	h. \$	Signature			i. Date			
*Operator refers to the company which o	owns, leases, or	perates, controls, or su	pervises the facility b	eing demo	olished o	r renovate	ed, or the demolit	ion or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\tt NOT}}$ asbestos waste, complete Sections I, II and III

Truck #62/

	or comple								
a. Generator's US EPA ID Number		_	 b. Manifest Docum 	ent Number	1 4 5		c. Page		
STate # IL 03/63	1529	3		/V #\	- 11')		1	
d. Generator's Name and Location:		4419		e. Generator's M	ailing Add	ress:			
USEPA Region 5				Environtemental	Restorati	ion			
947 West Cullerton St				1666 Fabick Dr					
Chicago IL 60608				Fenton MO 6302					
f. Phone:312-353-9351				g. Phone:636-22	7-7477				
If owner of the generating facility differs f	rom the gen	erator, p	provide:						
h. Owner's Name:	· · · · · · · · · · · · · · · · · · ·			i. Owner's Phone	≀ No.:				
j. Waste Profile #	k. Exp. Da	ate		ping Name and		m. Con	tainers	n. Total	o. Unit
			Description	<u></u>		No.	Type	Quantity	Wt/Vol
47181312520	2/1/14		non hazardou	is, treated soil					1 _
									13
						001	DT	01%	101
						00.		0.0	10
<u></u>									
	1					1			
			}						
									1
								<u> </u>	<u> </u>
GENERATOR'S CERTIFICATION: I her									
state law, has been properly described, of									
waste is a treatment residue of a previou									vaste has
been treated in accordance with the requ	irements of	40 CFR	268 and is no long	per a hazardous wa	iste as de	tined by 40) CFR 261		
Clark Francisco			Sq				•	2/2/13	
THERE VOLT			X119	Le la		io.	- 4	1/00/1/	
p. Generator Authorized Agent Name (Pi			Signature Signature				r. Date		
II. TRANSPORTER (Gen	erator con	npletes	s IIa-b and Tran	sporter comple	etes IIc-	e)	***		
a. Transporter's Name and Address:				······································					
7-Encre Transportat	100								
270000									
c [n 000 60m2					-			(
Too E Soe on hond	12111							• • •	
2-force Transport at you & Joe Or Road h. Croo Heights, IL	63411	630	-243-88	60				· · · · · · · · · · · · · · · · · · ·	
0,17,0,0	62/11	630	-243-88	'60	-		la 1 -		
0,17,0,0	62411	630	-243-88	160 Um		81	26/1	· \	
JACKMIDDIETON		~	Good in	160 Um		e. Date	26/1	>	
C. Driver Name (Print)		d. Signa	Good in	W .	lata a III	e. Date	26/1-	> \	
c. Driver Name (Print) III. DESTINATION (General		d. Signa	ture a-c and Destina	ation Site compl		d-g)	26/1	>	
C. Driver Name (Print)		d. Signa	Good in	ation Site compl		d-g)	26/1	>	
c. Driver Name (Print) III. DESTINATION (General		d. Signa	ture a-c and Destina	ation Site compl		d-g)	26/1	>	
c. Driver Name (Print) III. DESTINATION (General August 1997) a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South		d. Signa	ture a-c and Destina c. US EPA Num	ation Site compliber d. Discrepa		d-g)	26/1	>	
c. Driver Name (Print) III. DESTINATION (General August 266 E. 500 South Brook, IN 47922		d. Signa	ture a-c and Destina c. US EPA Num	ation Site compliber d. Discrepa		d-g)	26/1	> Auto	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	ator comp	d. Signa lete IIIa	ture a-c and Destina c. US EPA Num 56-05	ation Site compl d. Discrepa NA	ncy Indic	d-g) ation Space) D.4	
c. Driver Name (Print) III. DESTINATION (General August 266 E. 500 South Brook, IN 47922	ator comp	d. Signa lete IIIa	ture a-c and Destina c. US EPA Num 56-05	ation Site compl d. Discrepa NA	ncy Indic	d-g) ation Space			7
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	ator comp	d. Signa lete IIIa	ture a-c and Destina c. US EPA Num 56-05	ation Site compl d. Discrepa NA	ncy Indic	d-g) ation Space) Irrate.	7
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate	ator comp	d. Signa lete IIIa en accep	ture a-c and Destina c. US EPA Num 56-05	ation Site compl d. Discrepa NA	ncy Indic	d-g) ation Space) irate.	7
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221	ator comp	d. Signa lete IIIa	ture a-c and Destina c. US EPA Num 56-05	ation Site compl d. Discrepa NA	ncy Indic	d-g) ation Space) Irrate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print)	ator comp	d. Signa lete IIIa en accer f. Signat	ture ture c. US EPA Num 56-05	ation Site complete d. Discrepa NA	the foreg	d-g) ation Space) Irake.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato	ator comp	d. Signa lete IIIa en accer f. Signat	ture ture c. US EPA Num 56-05	ation Site complete d. Discrepa NA	the foreg	d-g) ation Space oing is true g. Date	and aeci) irake.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address:	ator comp	d. Signa lete IIIa en accer f. Signat	ture ture c. US EPA Num 56-05	ation Site complete IVg-i	the foreg	d-g) ation Space oing is true g. Date	and aeci) Irațe.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato	ator comp	d. Signa lete IIIa en accer f. Signat	ture ture c. US EPA Num 56-05	ation Site complete d. Discrepa NA	the foreg	d-g) ation Space oing is true g. Date	and aeci) Irate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address:	ator comp	d. Signa lete IIIa en accer f. Signat	ture ture c. US EPA Num 56-05	ation Site complete IVg-i	the foreg	d-g) ation Space oing is true g. Date	and aeci) Irate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable	ator comp	d. Signa lete IIIa en accer f. Signat	ture ture c. US EPA Num 56-05	ation Site complete IVg-i	the foreg	d-g) ation Space oing is true g. Date	and aeci) Irate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone:	erial has been	d. Signa lete IIIa en accep f. Signat es IVa-	ture ture c. US EPA Num 56-05	ation Site complete IVg-i	the foreg	d-g) ation Space oing is true g. Date	and aeci) Irate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable	erial has been	d. Signa lete IIIa en accep f. Signat es IVa-	ture ture c. US EPA Num 56-05	ation Site complete IVg-i	the foreg	d-g) ation Space oing is true g. Date	and aeci	irate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone:	erial has been	d. Signa lete IIIa en accep f. Signat es IVa-	ture ture c. US EPA Num 56-05	ation Site complete IVg-i	the foreg	d-g) ation Space oing is true g. Date	and aeci) irate.	
c. Driver Name (Print) III. DESTINATION (General and Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address:	erial has been r complete	d. Signa lete IIIa en accep f. Signat es IVa- mation:	ture c. US EPA Num 56-05 pted and to the bes	ation Site complete d. Discrepa NA st of my knowledge complete IVg-i c. Responsible Ag Not Applicable d. Phone:	the foreg	d-g) ation Space oing is true g. Date	and aeci) irate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address:	erial has been recomplete	d. Signa lete IIIa en accep f. Signat es IVa- mation:	ture c. US EPA Num 56-05 pted and to the best	ation Site complete IVg-inc. Responsible Ag Not Applicable d. Phone:	the foreg	d-g) ation Space oing is true g. Date me and Ade	dress:		
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Description of the Print Descript	erial has been recompleted the by declare the	d. Signa lete IIIa en accep f. Signat es IVa- mation:	ture c. US EPA Num 56-05 beted and to the bese ture f and Operator	ation Site completer d. Discrepa NA at of my knowledge complete IVg-i c. Responsible Ag Not Applicable d. Phone: % Non-Friable signment are fully a	the foreg	d-g) ation Space oing is true g. Date me and Ade	dress:	e by proper shipp	ping name
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hereby and are classified, packed, marked and in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in the packed in t	erial has been recompleted the by declare the	d. Signa lete IIIa en accep f. Signat es IVa- mation:	ture c. US EPA Num 56-05 beted and to the bese ture f and Operator	ation Site completer d. Discrepa NA at of my knowledge complete IVg-i c. Responsible Ag Not Applicable d. Phone: % Non-Friable signment are fully a	the foreg	d-g) ation Space oing is true g. Date me and Ade	dress:	e by proper shipp	ping name ational and
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principle Description of the Principl	erial has been recompleted the by declare the	d. Signa lete IIIa en accep f. Signat es IVa- mation:	ture c. US EPA Num 56-05 beted and to the bese ture f and Operator	ation Site completer d. Discrepa NA at of my knowledge complete IVg-i c. Responsible Ag Not Applicable d. Phone: % Non-Friable signment are fully a	the foreg	d-g) ation Space oing is true g. Date me and Ade	dress:	e by proper shipp	oing name ational and
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Not Applicable f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hereby and are classified, packed, marked and in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	erial has been recompleted the by declare the	d. Signa lete IIIa en accep f. Signat es IVa- mation:	ture c. US EPA Num 56-05 beted and to the bese ture f and Operator	ation Site completer d. Discrepa NA at of my knowledge complete IVg-i c. Responsible Ag Not Applicable d. Phone: % Non-Friable signment are fully a	the foreg	d-g) ation Space oing is true g. Date me and Ade	dress:	e by proper shipp	oing name ational and
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: OPERATOR'S CERTIFICATION: I hered and are classified, packed, marked and in national governmental regulations.	erial has been recompleted in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in the completed and in	d. Signa lete IIIa en accep f. Signat es IVa- mation: % Fricat the coare in ali	ture able ontents of this construction able ontents of this construction able ontents of this construction	ation Site completer d. Discrepa NA at of my knowledge complete IVg-i c. Responsible Ag Not Applicable d. Phone: % Non-Friable signment are fully a	the foreg	d-g) ation Space oing is true g. Date me and Add ately descrighway according	dress:	e by proper shipp	oing name ational and
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: Phone: e. Special Handling Instructions and Address: Not Applicable f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I heret and are classified, packed, marked and Inational governmental regulations.	erial has been recompleted in the completed and in the completed and in the completed and in the completed and in the completed and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complet	d. Signa lete IIIa en accep f. Signat es IVa- mation: % Fricat the colored are in all	ture able ontents of this constiture ture	ation Site complete IVg-index of my knowledge complete IVg-inc. Responsible Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture A	the foreg	oing is true g. Date me and Add ately descr ighway acc	dress:	e by proper shipp applicable interna	ational and
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate. Name of Authorized Agent (Print) IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: OPERATOR'S CERTIFICATION: I hered and are classified, packed, marked and inational governmental regulations.	erial has been recompleted in the completed and in the completed and in the completed and in the completed and in the completed and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complete and in the complet	d. Signa lete IIIa en accep f. Signat es IVa- mation: % Fricat the colored are in all	ture able ontents of this constiture ture	ation Site complete IVg-index of my knowledge complete IVg-inc. Responsible Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture Agriculture A	the foreg	oing is true g. Date me and Add ately descr ighway acc	dress:	e by proper shipp applicable interna	ational and



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	i completes la-	`f`)					
a. Generator's US EPA ID Number STOTE # TL 031631	5293	b. Manifest Docum	ent Number NH-116	,	c. Page	1 of 1	
d. Generator's Name and Location:	200	:	e. Generator's Mailing Add	iress:			
USEPA Region 5			Environtemental Restorati				
947 West Cullerton St			1666 Fabick Dr				
Chicago IL 60608		•	Fenton MO 63026				
f. Phone:312-353-9351			g. Phone:636-227-7477				
If owner of the generating facility differs from	om the generator, p	rovide:					
h. Owner's Name:		·	i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	m. Con	tainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt∕Vo!
47181312520	2/1/14	non hazardou	s, treated soil				
					-	~ iD	1,3,5
				001	DT	018	YA
				-			10
		:		†			
		•					İ
GENERATOR'S CERTIFICATION: I here	by certify that the a	above named mate	rial is not a hazardous wast	e as define	d by 40 C	FR 261 or any ap	plicable
state law, has been properly described, c	assified and packa	ged, and is in prop	er condition for transportation	n accordin	g to applic	cable regulations;	AND, if this
waste is a treatment residue of a previous	ly restricted hazard	lous waste subject	to the Land Disposal Restri	ctions. I ce	ertify and v	warrant that the w	aste has
been treated in accordance with the requ	rements of 40 CFR	268 and is no long	jer a hazardous waste as de	enned by 4	0 CFR 26	1.	
Set Tas		Sylvia	1			8/21/12	
	Jyou /			584m	- 5-4-	-/	<u>,</u>
- p. Generator Authorized Agent Name (Pr		-Signature			r. Date		
II. TRANSPORTER (Gene	erator complete	s IIa-b and Trai	nsporter complet ès∧i c-	-e)			
a. Transporter's Name and Address: 2 -	Force Trans	POLITATION					
-	5 Ton 0 -	200					
(0)	of Joe Orr Virugo, Heij	CO CO	40				
CIA DIO CUIA CI	vicago, Aci;	ing, Fi					
b. Phone 630-243-8860		11-1-12	/				
11/11/2018	d ///	11/1/1		2	120/1	2	
MICHAEL / JEST	<u>u / / </u>	my/ /	July 1		10011	<u>ر</u>	- 1
c. Driver Name (Print)	d. Sjigna			e. Date			
III. DESTINATION (General	tor compl <i>e</i> te III	a-c l/a nd Destina	ation Site completes III	d-g)			
a. Disposal Facility and Site Address:	/	c. US EPA Nun	nber d. Discrepancy Indic	ation Spac	e:		
Newton County Landfill	{	56-05	NA				
2266 E. 500 South					•	\times \times	
Brook, IN 47922					A. Carrier	ATT (\mathcal{O}
b. Phone: 219.394.7222 or 7221			/	<u> </u>	1.	<u> </u>	
I herby certify that the above named mate	rial has been acce	pted and to the bes	st of my knowledge the foreg	joing istru	e and acc	urate.	
		:		\ \ X	\mathcal{K}	~ 110	
					1 4	40	
e. Name of Authorized Agent (Print)	f. Signa		<u></u>	g. Date			
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:		
Not Applicable		. 1	Not Applicable				
Hot Appliodolo							
b. Phone:			d. Phone:			<u> </u>	
e. Special Handling Instructions and Add	tional Information:						
f. Friable Non-Friable Bot	n %Fr	iable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereb	y declare that the c	ontents of this con	signment are fully and accur	rately desc	ribed abov	e by proper shipr	oing name
and are classified, packed, marked and I	abeled and are in a	Il respects in prope	r condition for transport by h	nighway ac	cording to	applicable intern	ational and
national governmental regulations.							
	11.5	•					
		7					
g. Operator's Name and Title (Print)	h, Signa	ature		i. Date		اعتاد حدد ام معالج برس اس	on or
*Operator refers to the company which o	wns, leases, operat	es, controls, or sur	pervises the facility being de	molished o	r renovate	eu, or the demoliti	on or
renovation operation or both							



I. GENERATOR (Generate	or complete							
a. Generator's US EPA ID Number	- 0 00		fanifest Docum	ent Number	∽ ງ	c. Page		
	5293	١ ـ ـ		NH-11	./		1	
d. Generator's Name and Location:		:		e. Generator's Mailing A Environtemental Restor				
USEPA Region 5 947 West Cullerton St				1666 Fabick Dr	ation	i		
Chicago IL 60608		:		Fenton MO 63026				
f. Phone:312-353-9351				g, Phone:636-227-7477	7			
If owner of the generating facility differs fr	om the genera	ator provi	de:		**			
		:		i. Owner's Phone No.:				
h. Owner's Name: i. Waste Profile #	k. Exp. Date		I Waste Ship	oing Name and	m Cor	ntainers	n. Total	o. Unit
j. Waste Frome #	K. Exp. Bate	•	Description	ang reame and	No.	Туре	Quantity	Wt∕Vol
47181312520	2/1/14		non hazardou	s, treated soil				
., 1010,2020		:						13
					001	DT	018	1 27
						•	0.0	+10
	i							
-	•							
]	·						
	1						1	
A TOP OF OFFICE ATION AND ALLE		****			vata aa dafina	d by 40 C	ED 261 or any an	nlicable
GENERATOR'S CERTIFICATION: I here state law, has been properly described, or	eby certify that	it the abov	e nameo mate Pooro oi si bos	rial is 110t a nazardous wa ar condition for transports	aste as define ation accordin	n to annlic	rr 20 i Oi dily ap	ηρικαυί ε ΔΝΩ if this
waste is a treatment residue of a previous	assined and p	packageu hazardous	, and is in prope waste subject	to the Land Disposal Res	strictions. Lo	ertify and v	varrant that the w	aste has
been treated in accordance with the requ	irements of 40	0 CFR 26	8 and is no long	er a hazardous waste as	defined by 4	0 CFR 26	1.	
		4			· .	Ć) / .	
	ityan		-XXVV	(Jacon	-	2	126/13	
p. Generator Authorized Agent Name (Pr	int) (9.5ig				, г. Date	* *	
II. TRANSPORTER (Gene	erator comp	pletes II	a-b and Trar	sporter completes I	lc-e)			
a Transporter's Name and Address:	FOCTO TO	~ ^ \ D	ומונטח		1	سلمل در		
7_	2006	$\Delta O = C + C$	3.27		16	1 At 2		
a. Transporter's Name and Address 7	202 306	ا ۱۰ م	Tie		1	1	1	
12 212 012 0210	-n30	********	' 					
b. Phone:630-243-8860		 	/-/-/	market contract		7 7		
Sostold but		:	(I de la company)	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	×	/26./r	ኒ	
c. Driver Name (Print)		Signature	1-1/	NO. 1	e. Date	1864/1-		
		<u> </u>		tion Site completes				
III. DESTINATION (Genera	itor comple	:					,	
a. Disposal Facility and Site Address:		- 4	C. US EPA Num		dication Space	ce:		
Newton County Landfill		1	56-05	NA NA				
2266 E. 500 South Brook, IN 47922					3	1	1-1-	_
b. Phone: 219.394.7222 or 7221)	11	$KJ \cdot \mathcal{O}$)
I herby certify that the above named mate	erial has been	accepted	and to the bes	t of my knowledge the fo	regoing is tru	e and acci	ırate.	
		:					11	
		:	, , ,			A V	<u> </u>	
e. Name of Authorized Agent (Print)		Signature		L L	g. Date			
IV. ASBESTOS (Generator	completes	s IVa-f a	nd Operator	complete IVg-i)				
a. Operator's Name and Address:	·	:	· · ·	c. Responsible Agency	Name and Ad	dress:		
Not Applicable				Not Applicable				
1								
ļ]					
b. Phone:				d. Phone:				
e. Special Handling Instructions and Add	itional Informa	ation:						
S T Triable T Man Friella T D-s	<u></u>	% Friable	3	% Non-Friable				
f. Friable Non-Friable Bot	II				curately deca	rihad ahov	e hy proper ships	oina name
and are classified, packed, marked and l	y deciale ina sheled and a	t une conte re in all re-	smo ul lins cons enocte in nicho	r condition for transport b	ouracery uest iv highway ac	cording to	applicable intern	ational and
national governmental regulations.	ancien allu al	io iii aii ie	sheers in brobe	outunion for transport of	, inginacy ac	wording to	application intern	andrian Wife
national governmental regulations.	T T							
g. Operator's Name and Title (Print)	h.	. Signatur	9		i. Date			
*Operator refers to the company which o	wns, leases, o	operates,	controls, or sup	ervises the facility being	demolished o	or renovate	d, or the demoliti	on or
renovation operation or both								



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\tt NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes I	а-г)					
a. Generator's US EPA ID Number		b. Manifest Docum	ent Number NH- 11	O	c. Page		
STOTE # IL 03/63/	5293		4	δ		1	
d. Generator's Name and Location:			e. Generator's Mailing A				
USEPA Region 5			Environtemental Restor	ration			
947 West Cullerton St	÷		1666 Fabick Dr Fenton MO 63026				
* Chicago IL 60608			g. Phone:636-227-7477	,			1
f. Phone:312-353-9351 If owner of the generating facility differs fr	om the generator	provide:	g. 1 11011C.000 ZZ21 1 1 1 1				
If Owner of the generating facility differs to	om ale generator	, provido.					
h, Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	-	ping Name and	m. Con		n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
47181312520	2/1/14	non hazardou	s, treated soil				2
				2001	N-4	~ 10	() (>
				001	DT	018	1 Kg
				1			
•							
		1		1			
	1	1		-ato co d-5-	d by 40.0	ED 261 or any an	nlicable
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c	eby certify that the	e above named mate	riai is not a nazardous wa	aste as define	a by 40 C a to annie	rn zo i oi any ap	AND if this
state law, has been properly described, c waste is a treatment residue of a previous	lassified and pac	kaged, and is in prop ardone wasta subject	to the Land Disnosal Re	strictions I ce	y to applic ertify and v	varrant that the w	aste has
been treated in accordance with the requ	irements of 40 CF	FR 268 and is no long	ter a hazardous waste as	defined by 4	0 CFR 26	l.	
been treated in accordance with the regu	liements of 40 Of	1 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	- E	,, -		2/ //2	
THEVEL FOLLY	en	_ XIIV	() Detto			8/26/15	
p. Generator Authorized Agent Name (Pr		q Signature			r. Date	/ /	
II. TRANSPORTER (Gene	erator complet	tes IIa-b and Trai	sporter completes t	lc-e)			
a Transporter's Name and Address:	C.c.a Kr		, , , , , , , , , , , , , , , , , , ,				
a. Hallsporter's Harrie und Addices.	JOICE JIM	360,3100					
	ga I Doe C	ou kned					:
120 002 -11/0	thicago He	eight), IL					
a. Transporter's Name and Address: 7	<u> </u>	<i>.</i>					
ALI I M	_ /		2/2		g/2c	/13	
Mastopher 11 My		inature #		e. Date	U/ Ale/	1	
c. Driver Name (Print)	Y		-ti Oit				
III. DESTINATION (General	itor complete						
a. Disposal Facility and Site Address:		c. US EPA Nun		dication Space	e: ,		
Newton County Landfill		56-05	NA	$\mathcal{I}(\mathcal{I})$	11		
2266 E. 500 South			ge constru	71, 14	1		
Brook, IN 47922							
b. Phone: 219.394.7222 or 7221 I herby certify that the above named mate	arial has been as	cented and to the hea	termy knowledge the fe	regoing is tru	and acc	ırate.	
Therby certify that the above hamed mate	chainas Deen au	Sopred and to all De	20,111	-33		PAR	
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		X_A	9/1	
e. Name of Authorized Agent (Print)	f. Sigi	nature	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	g. Date		girl	
IV. ASBESTOS (Generator			complete (Va-i)				
· · · · · · · · · · · · · · · · · · ·	Jonnpiece IV	_ , L opolator	c. Responsible Agency	Name and Ac	dress.		
a. Operator's Name and Address:			Not Applicable	ranic and Ac			
Not Applicable		,					
b. Phone:			d. Phone:				
e. Special Handling Instructions and Add	itional Information	n:					
			07.11				
f. ☐ Friable ☐ Non-Friable ☐ Bot	h %	Friable	% Non-Friable		ribad abas	o by proper chies	ning namo
*OPERATOR'S CERTIFICATION: I hereb	y declare that the	e contents of this con	signment are fully and ac	curately desc	cordina to	annlicable intern	ational and
and are classified, packed, marked and l	abeled and are in	an respects in prope	a condition for transport t	y mgnway ac	cording to	applicable intelli	aconal and
national governmental regulations.							
g. Operator's Name and Title (Print)	h Sir	nature		i. Date			
*Operator refers to the company which o	wns. leases. one	rates, controls, or sur	pervises the facility being	demolished o	r renovate	d, or the demoliti	on or
Operator release to the company which	,	, , , , , , , , , , , , , , , , , , , ,					



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

	or completes (a-r)						4 7	
a. Generator's US EPA ID Number	b.	Manifest Docum	ent Number	_ 110		c. Page		
STATE # IL 03/63/	5293		/ V T				1	
d. Generator's Name and Location:			e. Generator's					
USEPA Region 5	,		Environtementa		ดก			
947 West Culierton St			1666 Fabick Dr	1				
Chicago IL 60608	•		Fenton MO 630					
f. Phone:312-353-9351			g. Phone:636-2	21-1411				
If owner of the generating facility differs fr	om the generator, pro	vide:						
			i. Owner's Phor	a No				
h. Owner's Name:	k. Exp. Date	L Macta Ship	ping Name and	C 110	m. Con	tainers	n. Total	o. Unit
j. Waste Profile #	K. EXP. Date	Description	ping manie and		No.	Туре	Quantity	Wt/Vol
17404040500	2/1/14	non hazardou	s treated soil		,,,,,,	:71		
47181312520	211114	Holl Hazerdoc	o, troated con	1				2
					001	DT	018	1017
			,		OOI	(V)	010	0
ž								
					1			
				<u> </u>	1.5.	- 40 O	FD 204	aliaahla
GENERATOR'S CERTIFICATION: I her	eby certify that the ab	ove named mate	rial is not a nazar	nous wast	e as define	a to applic	rk 20 i Oi dily ap	AND if this
state law, has been properly described, of waste is a treatment residue of a previous	lassified and package	ea, and is in prop	er condition for the	neol Pestri	ctions I ce	g to applic	warrant that the w	vaste has
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted nazardo	us waste subject	der a pasatyone s	uaste as de	efined by 4	0 CFR 26	1.	
been treated in accordance with the requ	T T T T T T T T T T T T T T T T T T T	- CO and is no long	ger a nazardoda v	10010 00 0	onned by 1	~ (~	. /	
The Day Fare		Maro.	100			10/2	6/13	
	that a second	ignature	1			r. Date	1:	
p. Generator Authorized Agent Name (Pr				lotos IIs	<u> </u>	L.,		
II. TRANSPORTER (Gene	erator completes	na-b and mai	isporter comp	reces no	-e)			
a. Transporter's Name and Address: 7	tolle Thun	> POTENTION	7					
	-38 Tot 0	of Read	•					ļ
70		LICE IL						
CV - 548	chicaso ficis	~ / _j - ·						1
a. Transporter's Name and Address: 7						1 1		
L MIKE Jah	4 -	7/1/10	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	# 6	1 8,	126/1	⁻ 3	
	d. Signati	Ire		2	e. Daté	* - / -		
c. Driver Name (Print)			ation Cita com	Alotoc III	ld a)			······································
III. DESTINATION (General	ator complete illa							
a. Disposal Facility and Site Address:		c. US EPA Nur	,	pancy Indic	ation Spac	æ:		
Newton County Landfill		56-05	NA NA	September 1			اسم	
2266 E. 500 South							100	
Brook, IN 47922				ii			1 6 - 6	\
b. Phone: 219.394.7222 or 7221			1 . E 1	1 1 1 - E - L	ii	- dad 000	Irmto	
I herby certify that the above named mat	erial has been accept	ied and to the be	st of my knowledg	e the tole	aoina is iru	e and acc	mate.	
			·		<u> </u>			
					5	2/36/	2/1-2	***
	5.03		(1 5	3/34	113	
e. Name of Authorized Agent (Print)	f. Signatu			#	g. Date	3/36	13	
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generato			r complete IVç		g. Date	3/36		
IV. ASBESTOS (Generato			r complete IVç		g. Date	3/36	<u> </u>	
IV. ASBESTOS (Generato a. Operator's Name and Address:					g. Date	3/36	173	
IV. ASBESTOS (Generato			r complete IVo		g. Date	3/36	173	
IV. ASBESTOS (Generato a. Operator's Name and Address:			c Complete IVG c. Responsible Not Applicable		g. Date	3/36	173	
IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable	r completes IVa-f		r complete IVo		g. Date	3/36	173	
IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable	r completes IVa-f		c Complete IVG c. Responsible Not Applicable		g. Date	3/36	173	
IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable	r completes IVa-f		c Complete IVG c. Responsible Not Applicable		g. Date	3/36	173	
IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable	r completes IVa-f		c. Responsible Not Applicable d. Phone:		g. Date	3/36	173	
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address:	r completes IVa-f	and Operato	c. Responsible Not Applicable d. Phone:	ii) Agency Na	g. Date	ddress:		
a. Operator's Name and Address: Not Applicable b Phone: e. Special Handling Instructions and Address: f Friable Non-Friable Bo	r completes IVa-f	and Operato	c. Responsible Not Applicable d. Phone: % Non-Friable	Agency Na	g. Date	idress:	ve by proper ship	ping name
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: f. Friable Non-Friable Bo OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	r completes IVa-f	and Operato	c. Responsible Not Applicable d. Phone: % Non-Friable	Agency Na	g. Date	idress:	ve by proper ship	ping name national and
a. Operator's Name and Address: Not Applicable b Phone: e. Special Handling Instructions and Address: f Friable Non-Friable Bo	r completes IVa-f	and Operato	c. Responsible Not Applicable d. Phone: % Non-Friable	Agency Na	g. Date	idress:	ve by proper ship	ping name lational and
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: f. Friable Non-Friable Bo OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	r completes IVa-f	and Operato	c. Responsible Not Applicable d. Phone: % Non-Friable	Agency Na	g. Date	idress:	ve by proper ship	ping name lational and
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Address: f Friable Non-Friable Bo OPERATOR'S CERTIFICATION: I here! and are classified, packed, marked and national governmental regulations.	r completes IVa-f	and Operato ble ntents of this cor respects in prope	c. Responsible Not Applicable d. Phone: % Non-Friable	Agency Na	g. Date g. Date g. Date	idress:	ve by proper ship	ping name ational and
IV. ASBESTOS (Generato a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bo OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and	ditional Information: th % Fria by declare that the co	and Operato able intents of this cor respects in prope	c. Responsible Not Applicable d. Phone: % Non-Friable signment are fuller condition for tra	Agency Na Agency Na y and accu	g. Date g. Date g. Date grately descriptions and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and Acceptance and	idress:	ve by proper ship applicable interr	iativiiai aiiu



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes						
a. Generator's US EPA ID Number ILR 000 177 592 (state of Illii	nois)	b. Manifest Docur	nent Number, NH - 2		c. Page	1 of 1	
d. Generator's Name and Location:		:	e. Generator's Mail	ing Address:	<u></u>		
USEPA Region 5		•	Environtemental Re	estoration			
947 West Cullerton St Chicago IL 60608		1	1666 Fabick Dr				
f. Phone:312-353-9351		:	Fenton MO 63026 g. Phone:636-227-	7.477			
If owner of the generating facility differs fr	om the generate	or, provide:	g. 1 11011e.030-227-	1411			
h. Owner's Name;	,		i. Owner's Phone N	lo ·			
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and		ntainers	n. Total	o. Unit
47404040500	0/4/44	Description		No.	Type	Quantity	Wt/Vol
47181312520	2/1/14	non nazardoi	us, treated soil				
			erice the second	061	OT	018	423
			200 may 1 mm				1
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pad sly restricted haz	ckaged, and is in prop tardous waste subject	er condition for transp to the Land Disposal	ortation accordin	g to applic	able regulations;	AND if this
Stepe Form		No.	7		82/	10/12	
p. Generator Authorized Agent Name (Pri	nt)	g. Signature	- CO		r. Date	$\psi(I)$	
II. TRANSPORTER (Gene			sporter complete	s IIc-e)	Date		
a. Transporter's Name and Address:				,			
Z-Force Transportation		· ·				ţ	
700 East Joe Orr Road						·	
Chicago Heights, IL		1				1	
		:	77			×	
b. Phone: (708) 758-5868		·					
Jack MIDDIETON	N V	Jak M	dz-				
c. Driver Name (Print)	1 d. Sid	nature		e. Date			
III. DESTINATION (General			tion Site complet		·		
a. Disposal Facility and Site Address:	tor complete	c. US EPA Num					
Newton County Landfill		56-05	NA	Indication Space	e:		
2266 E. 500 South		1 0000	'''				
Brook, IN 47922		1				レノ・ト	
b. Phone: 219.394.7222 or 7221				1			
I herby certify that the above named mate	rial has been ac	cepted and to the bes	t of my knowledge the	foregoing is true	and accu	rate.	
					CX1	11 -	_
e. Name of Authorized Agent (Print)	f Sig	nature		g. Date	 	10 V	>
IV. ASBESTOS (Generator			complete (IVA i)	y, Date	No.		·
	completes iv	ra-i and Operator					
Operator's Name and Address: Not Applicable			c. Responsible Agen Not Applicable	cy Name and Ad	dress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addit	tional Information	n:				<u></u>	
f. Friable Non-Friable Both	%	Friable	% Non-Friable		 -		
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cons	ignment are fully and	accurately descr	ibed ahove	by proper shipp	ing name
and are classified, packed, marked and la national governmental regulations.	beled and are in	all respects in proper	condition for transpo	rt by highway acc	ording to a	ipplicable interna	itional and
g. Operator's Name and Title (Print)		ınature		i. Date		-	
*Operator refers to the company which ow			ervises the facility bei	ng demolished or	renovated	l, or the demolitic	n or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is **NOT** asbestos waste, complete Sections I, II and III

	 GENERATOR (Generate 	or completes								
Γ	a. Generator's US EPA ID Number		b. M	anifest Docum				c. Page		
	ILR 000 177 592 (state of Illin	ois)			NH -) 1	20		l	1	
\vdash	d. Generator's Name and Location:				e. Generator					
	USEPA Region 5				Environteme		ion			
	947 West Cullerton St				1666 Fabick					
	Chicago IL 60608 f. Phone:312-353-9351				g. Phone:63					
-	If owner of the generating facility differs from	om the generat	tor, provic	de:	g					
	owner or the generating lability unless the	90.10.141	, p.o.n.	-						
	h. Owner's Name:				i. Owner's P		·,		· · · · · · · · · · · · · · · · · · ·	
	j. Waste Profile #	k. Exp. Date		I. Waste Shipp	oing Name an		m. Con		n. Total	o. Unit
L				Description			No.	Type	Quantity	Wt∕Vol
	47181312520	2/1/14		non hazardou	s, treated soil					
			İ					OT	018	0.3
			· [200		001	U	010	1 d
┢										
			1							
			.							
r	GENERATOR'S CERTIFICATION: I here	by certify that	the above	e named mater	ial is not a haz	ardous wast	e as define	d by 40 CF	R 261 or any ap	plicable
	state law, has been properly described, cl	assified and pa	ackaged,	and is in prope	er condition for	transportation	n accordin	g to applic	able regulations;	AND, if this
	waste is a treatment residue of a previous	ly restricted ha	azardous	waste subject	to the Land Di	sposal Restri	ictions. I ce	ertify and w	arrant that the w	aste has
-	been treated in accordance with the requi	rements of 40	CFR 268	and is no long	er a hazardou	s waste as de	etined by 40	J CFR 261		
	Steve tarran			80180	Deins	ă e		5	3/20113	2
-	p. Generator Authorized Agent Name (Pri		q. Sign	ature				r. Date	1001	<i>J</i>
٠.	II. TRANSPORTER (Gene				sportendon	nletes IIc.	<u></u>			
_	a. Transporter's Name and Address:	ator compr	CICO III	-Dana IIai	Sporter Con	pictes no	<u> </u>	······	·	
i	Z-Force Transportation				,				t	
	700 East Joe Orr Road		:							
	Chicago Heights, IL		1						Ž	
			-						`	
						200				
	b. Phone: (708) 758-5868			ON THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT		1	· [. / /	_	
	Jose Sida	∤ k		mr	Nida			3/26/1	3	
-	c. Driver Name (Print)	d. S	Signature			1	e. Date	/ /		
'-	III. DESTINATION (General			and Destina	tion Site co	nnletes III	ld-a)			
_		tor complete		US EPA Num		repancy Indic		~·		
•	a. Disposal Facility and Site Address: Newton County Landfill			6-05	NA NA	reparicy muc	auon opac	C .		
	2266 E. 500 South		"	0 00	1.5.	And the second			1 , 1	
	Brook, IN 47922		1		ŀ			<i>i</i> 7	1 1 2 1	
	b. Phone: 219.394.7222 or 7221							- Parameter - Indiana		
	I herby certify that the above named mate	rial has been a	accepted	and to the bes	t of my knowle	dge the føreg	going is true	and ace	rate.	
							1941	× (2)	1	
-	El CA dissipated Asset (Daire)	4.0	ignature				V Code			
L	e. Name of Authorized Agent (Print)		·			1 1	g. Date			
_	IV. ASBESTOS (Generator	completes	ıva-tar	na Operator						
	a. Operator's Name and Address:			İ	c. Responsib		me and Ad	dress:		
l	Not Applicable				Not Applicabl	e				
				Ì		7				
	b. Phone:	•		ļ	d. Phone:					
+	e. Special Handling Instructions and Addi	tional Informati	ion:							
	o. opoolar randing motioopone and radi					Signature of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the				
						27.1				
-	f. Friable Non-Friable Both		% Friable		% Non-Friabl					
ſ	OPERATOR'S CERTIFICATION: I hereby	y declare that t	he conte	nts of this cons	ignment are fu	and accur	rately desci	ribed abov	e by proper shipp	oing name
1	and are classified, packed, marked and la	ibeled and are	ın all res	pects in propei	condition for	transport by h	nighway ac	cording to	applicable interna	ational and
Ļ	national governmental regulations.			·			Т			·
ĺ						THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P				
+	g. Operator's Name and Title (Print)	h s	Signature				i. Date			
+	*Operator refers to the company which ov				ervises the fac	city being de		r renovate	d, or the demoliti	on or
İ	repoyation operation or both		,			# - -				



If waste is asbestos waste, complete Sections I, II, II and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes I	la-r)	9					
a. Generator's US EPA ID Number ILR 000 177 592 (state of Illin		b. Manifest Docum	ent Number, NH - 12	7		c. Page	1 of 1	
d. Generator's Name and Location:	1015/		e. Generator's	<u> </u>	dress:			
USEPA Region 5			Environtemen	al Restorat				
947 West Cullerton St			1666 Fabick D Fenton MO 63	22				
Chicago IL 60608 f. Phone:312-353-9351			g. Phone:636					
If owner of the generating facility differs for	rom the generator	r, provide:						
h. Owner's Name:			i. Owner's Pho	ne No.:		•		
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	<u> </u>	m. Cor	ntainers	n. Total	o. Unit
	0/4/44	Description	- 4		No.	Туре	Quantity	Wt/Vol
47181312520	2/1/14	non nazardou	ıs, treated soil			_	_	
					061	DT	018	3 لي
					 		_	<u> </u>
						-		
				100 (100 pp.)				
					1			
GENERATOR'S CERTIFICATION: I here	eby certify that th	e abeve named mate	rial is not a haza	rdous wast	e as define	d by 40 Cl	R 261 or any a	pplicable
state law, has been properly described, o waste is a treatment residue of a previous	classified and pac	kaged, and is in prop	er condition for t	ransportation	on accordin	ig to applic	able regulations	; AND, if this
been treated in accordance with the requ	irements of 40 Cl	FR 268 and is no long	er a hazardous	waste as d	efined by 4	0 CFR 261	i.	Masic Has
		Star -	4	1		- T	Bales	
p. Generator Authorized Agent Name (Pr		q. Signature				r. Date	100115	
II. TRANSPORTER (Gene	erator comple	les IIa-b and Trar	nsporter com	pletes IIc	-e)			
a. Transporter's Name and Address:								
Z-Force Transportation							ť	
700 East Joe Orr Road Chicago Heights, IL		į «				,	1	
		11					N.	·
b. Phote: (708) 758-5868			7-	\supset				
1/// 25/ 72	R N	111 111	1 7	/ 5~		2/21.1	1,3	
11140	1441 Dec	/ me			e. Date	7 / 4 4 /	ــــــــــــــــــــــــــــــــــــــ	
C. Driver Name (Print) III. DESTINATION (General		mature Life cand Destina	ation Site cor	nnletes II				
III. DESTINATION (General a. Disposal Facility and Site Address:	ator complete	c. US EPA Num		epancy Indi		.e.		
Newton County Landfill		56-05	NA NA		sation oper	$\tilde{}$	(í
2266 E. 500 South							7	\
Brook, IN 47922 b. Phone: 219.394.7222 or 7221		•			1	1		
I herby certify that the above named mat	erial has been ac	cepted and to the bes	st of my knowled	ige the fore	going is tru	e and acci	urate.	
	į				18	30	17	
e. Name of Authorized Agent (Print)	f. Sig	nature			g Date			
IV. ASBESTOS (Generato	r completes IV	/a-f and Operator	complete IV	/g -i)				
a. Operator's Name and Address:			c. Responsible	Agency Na	ame and A	ddress:		
Not Applicable			Not Applicable	9				
b. Phone:	120		d. Phone:					
e. Special Handling Instructions and Add	nuonai Intormatio	П.		***				
f. Friable Non-Friable Bot	th %	Friable	% Non-Friable		irately deco	rihed show	e hy proper shir	ning name
and are classified, packed, marked and l	by deciale that the labeled and are in	all respects in prope	er condition for t	rainsport by	highway ac	cording to	applicable inter	national and
national governmental regulations.								
g. Operator's Name and Title (Print)	h. Sie	gnature			i. Date			
*Operator refers to the company which of	owns, leases, ope	rates, controls, or sur	pervises the fac	ility being d	emolished o	or renovate	ed, or the demol	tion or



If waste is asbestos waste, complete Sections I, II III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes i	a-r)	g.					
a. Generator's US EPA ID Number ILR 000 177 592 (state of Illii		b. Manifest Docum	nent Number, NH - /	3 3		c. Page	1 of 1	
d. Generator's Name and Location:			e. Generator		dress:	L		
USEPA Region 5	1	•		ntal Restorat	ion			
947 West Cullerton St	•		1666 Fabick	,				
Chicago IL 60608 f. Phone:312-353-9351			Fenton MO g. Phone:63					
If owner of the generating facility differs fr	om the generator.	provide:	g. i none.co	J-221-1-411				
in owner of the generating lasting different	om and gomerator,	, p. 00.00						
h. Owner's Name:	<u>· · '</u>		i. Owner's P					
j. Waste Profile #	k. Exp. Date		ping Name an		m. Cor	tainers	n. Total	o. Unit
,		Description			No.	Type	Quantity	₩t∕Vol
47181312520	2/1/14	non hazardoi	us, treated soil					
	1	İ	1			35	- 10	(1.3
			i		001	OT	018	Yd
	:							<u> </u>
		1						
	:							
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a haz	ardous wast	e as define	d by 40 CF	R 261 or any an	nlicable
state law, has been properly described, c	lassified and pack	aged, and is in prop	er condition for	transportation	n accordin	d to applic	able regulations:	AND, if this
waste is a treatment residue of a previous	sly restricted haza	rdous waste subject	to the Land Di	sposal Restri	ictions. I ce	ertify and w	arrant that the w	aste has
been treated in accordance with the requi	irements of 40 CF	R 268 and is no long	ger a hazardou:	waste as de	efined by 40	0 CFR 261	r	
Store I	.	Day of		4		2 /	20-/10	
21805 1002	u /					12 k	7618	
p. Generator Authorized Agent Name (Pr		ı. Signature		1		r. Date		
II. TRANSPORTER (Gene	erator complete	es IIa-b and Trai	nsporter con	pletes lic-	-e)			
a. Transporter's Name and Address:			,	~				
Z-Force Transportation							t.	
700 East Joe Orr Road Chicago Heights, IL							`	
Chicago rieights, IL							*	
		1		1				
b. Phone: (708) 758-5868	7		or The State of the London					
1 1 sell I have			A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR		071	21.0)	
V 199164 41000			-		7/	26/14	7	
c. Driver Namé (Print)	t d. Sigr			-	∣ e. Dat e	<u> </u>		
III. DESTINATION (General	tor complete II	la-¢ and Destina	ation Site co	mpletes III	d-g)			
a. Disposal Facility and Site Address:		C. US EPA Num	nber d. Discr	epancy Indic	ation Spac	e:		
Newton County Landfill		56-05	NA		` #		_	
2266 E. 500 South		i		SEASON NO.	£	\mathcal{A}	(-	
Brook, IN 47922		:			/	\mathcal{L}	NO	
b. Phone: 219.394.7222 or 7221 I herby certify that the above named mater	rial has been acc	ented and to the hos	at of my knowlo	dos the forde	roina la tru			
Therby Certify that the above flamed mate	ital has been acc	epica ana to the bea	ot of my knowle	The life lone.	Julia is mak	Z and accu	late.	
		•				J OX	コレフ	
e. Name of Authorized Agent (Print)	f. Sign	ature		#	g. Date			
IV. ASBESTOS (Generator		·	complete IV	/h_i\	1 3			
a. Operator's Name and Address:	OOIIIDIOLOG IV	a rana operator	c. Responsible	2 ·				
Not Applicable			Not Applicable	e Agency Na	me and Ad	aress.		
1401 Applicable			Hot Applicable	- a				
b. Phone:			d. Phone:	904400				
e. Special Handling Instructions and Addi	tional Information:							
f Ti Fishle II New Frieble II Date	0/ 5	·	0/ Ni E					
f. Friable Non-Friable Bott OPERATOR'S CERTIFICATION: I hereb	u declare that the	riable	% Non-Friable			ibad at	hu men - 11	
and are classified, packed, marked and la	y ucuale liläl lile sheled and are in :	contents of this cons all respects in propo	signinessi are tu r condition for t	ing allo accur	alely descr Johnson cor	ned above	s by proper snipp	wig name
national governmental regulations.	iboleu allu die III (an respects in brobe	i conumbil iul l	idiohou nà u	ngnway acc	orang to a	applicable intema	anonai and
		:			T			
!		•						
g. Operator's Name and Title (Print)	h. Sign	nature		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	i. Date			
*Operator refers to the company which ov	vns, leases, opera	ites, controls, or sup	ervises the fac	ility being der	molished or	renovated	d, or the demoliti	on or
renovation operation or both	• •	•		ST.				



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato							·····
a. Generator's US EPA ID Number	ŕ	b. Manifest Docur		•	c. Page	1 of 1	
ILR 000 177 592 (state of Illin	OIS)		NH-124			l I	
d. Generator's Name and Location:			e. Generator's Mailing				
USEPA Region 5			Environtemental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Restormental Re	วเลแอก			
947 West Cullerton St			Fenton MO 63026				
Chicago IL 60608 f. Phone:312-353-9351		120	g. Phone:636-227-747	77			
If owner of the generating facility differs from	om the generator, p	rovide:	9				
strict of the golfernanty family and the		V					
h. Owner's Name:		į.	i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		pping Name and	m. Con		n. Total	o. Unit
~		Description		No.	Туре	Quantity	Wt/Vol
47181312520	2/1/14	non hazardo	us, treated soil				
					OT	018	10.3
				001	U,	010	423
				1			
· · · · · · · · · · · · · · · · · · ·							
GENERATOR'S CERTIFICATION: I here	hy certify that the a	bove named mat	erial is not a hazardous v	vaste as define	d by 40 C	FR 261 or any ar	policable
state law, has been properly described, cl	assified and nacka	ged, and is in pro	per condition for transpor	tation accordin	g to applic	able regulations	, AND, if this
waste is a treatment residue of a previous	ly restricted hazard	lous waste subjec	t to the Land Disposal Re	estrictions. I ce	ertify and v	warrant that the v	vaste has
been treated in accordance with the requi	rements of 40 CFR	266 and is no lon	ger a hazardous waste a	is defined by 4	CFR 26	1	
1 1		54			20/	1-1-	
Steve taryo		Xetx	Tall	···	0/0	10/1 P	
p. Generator Authorized Agent Name (Pri		Signature			r. Date		
II. TRANSPORTER (Gene	rator completes	s IIa-b and Tra	nsporter dompletes	IIc-e)		4	
a. Transporter's Name and Address:							
Z-Force Transportation		ii B				C	
700 East Joe Orr Road		2000 C					
Chicago Heights, IL		***************************************				,	
		1.0				X	
h Dhano: (700) 759 5060		13/14					
b. Phone: (708) 758-5868	- 1				5/_	1,-	
L Chastaster Plank		Edfach!	Mari		9/XL	115	
c. Driver Name (Print)	. d. Signa	iture		e. Date		1	
III. DESTINATION (General	······································		ation Site complete	s IIId-a)			
*	rot combiere me						, <u>,</u>
a. Disposal Facility and Site Address:		6. US EPA Nu 56-05	NA Uiscrepancy i	nulcation Spac	<u>.</u>		
Newton County Landfill 2266 E. 500 South		10-03			1		
Brook, IN 47922			amende .		and the second		
b Phone: 219.394.7222 or 7221		325		' / /			
I herby certify that the above named mate	erial has been acce	pted and to the be	st of my knowledge the	foregoing is tru	e and acc	urate.	no trade
			And the second of the second second second second			1101	4
			A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	2 2-1	Com	· C /	
e. Name of Authorized Agent (Print)	f. Signa		medical desired and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	g. Date	• • • • • • • • • • • • • • • • • • • •	•	
IV. ASBESTOS (Generator	completes IVa	-f and Operato					
a. Operator's Name and Address:		100	c. Responsible Agenc	y Name and Ad	ldress:		
Not Applicable			Not Applicable				
b. Phone:		<u> </u>	d. Phone:				
e. Special Handling Instructions and Addi	itional Information:	No service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the ser					
		- CALLES					
Contractor Character Contractor	h % Fri	iahla	% Non-Friable				
f. Friable Non-Friable Bott	v declare that the c	ontents of this co	signment are fully and a	ccurately desc	ribed abov	ve by proper ship	ping name
and are classified, packed, marked and le	y deciate that the c	l respects in pron	er condition for transport	by highway ac	cordina to	applicable intern	national and
national governmental regulations.	aporeu anu are m a		S. Serialien for danaport				
nasonal governmental regulations.							
		Section 1					
g. Operator's Name and Title (Print)	h. Signa	ature į		i. Date			
*Operator refers to the company which or	wns, leases, operat	tes, controls, or su	pervises the facility bein	g demolished o	r renovate	ed, or the demoli	tion or
renovation operation or both	•	System 1/4					



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

	or completes la-r)						
a. Generator's US EPA ID Number		Manifest Docum	ent Number,,		c. Page	1 of	
ILR 000 177 592 (state of Illir	nois)		NH-126			1	}
d. Generator's Name and Location:			e. Generator's Mailing A	ddress:			
USEPA Region 5			Environtemental Restora				LIVILLEMANA
947 West Cullerton St			1666 Fabick Dr				and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
Chicago IL 60608			Fenton MO 63026				
f. Phone:312-353-9351		:	g. Phone:636-227-7477				
If owner of the generating facility differs fr	om tne generator, prov	uae:					
h Owner's Name:	-		i. Owner's Phone No.:				
h. Owner's Name: i. Waste Profile #	k. Exp. Date	1 Maste Chin	oing Name and	m. Con	tainers	n. Total	o. Unit
j. vvaste rtonie #	r. Exp. Date	Description	אווע ווינים ווינים אוויני	No.	Type	Quantity	Wt/Vol
47181312520	2/1/14	non hazardou	s treated soil	NO.	rype	Scientify	*******
7,101012020		, non nazardou	o, acateu soli				
					OT	018	43
				061	U	010	10
		1					
	1						
GENERATOR'S CERTIFICATION: 1 here	eby certify that the above	ve named mate	rial is not a hazardoue wa	ste as define	hy 40 C	R 261 or any a	nlicable
state law, has been properly described, c							
waste is a treatment residue of a previous							
been treated in accordance with the requ							
CI			\mathcal{A}		100	1-112	
THEOR POTTON	<u>~ </u>	7810	aug			12/1/2	
p. Generator Authorized Agent Name (Pr	int) 🗘 🤄 Sig	nature			r. Date	s y	
II. TRANSPORTER (Gene		a-b and Trar	sporter completes II	c-e)			
a. Transporter's Name and Address:			· · · · · · · · · · · · · · · · · · ·	······································		. a Å	1
Z-Force Transportation		C .			Charles and the same	単位の。	; È
700 East Joe Orr Road						γ	er St
Chicago Heights, IL		Ĭ			A. I	C /	paralle and the second
					1	on and the	all the second
h Dh (700) 750 5000		1 11				Warang.	and the
b. Phone: (708) 748-5868		B # ///			- 27	·	
MIKE Pech	714	04:171	•		35/2	7 // A	
c. Driver Name (Print)	d. Signature		A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	e. Date		to the second second	
L		h.	tion Cito non-1-4		- /	-	
III. DESTINATION (General	<u></u>	12					
a. Disposal Facility and Site Address:	1	d US EPA Num		lication Space	e:	The second of the	and the second
Newton County Landfill	. ا	56-05	NA NA	1 m			Ĭ
2266 E. 500 South	provident franchis	Service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servic	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	$-\mathcal{U}\mathcal{U}$		100	4
Brook, IN 47922 b. Phone: 219.394.7222 or 7221	· ·	a 40/2	The banks of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the s	11		· Port	
I herby certify that the above named mate	erial has been accepted	dang of the bes	t of my knowledge the for	egoina is true	and acci	ırate.	
, morely contary trial trie above married mate	January 200, Goodpie		/			7-7/1	₹
			(A		5	6/11/	<i>j</i>
e. Name of Authorized Agent (Print)	f. Signature	(الر	g. Date		V , , ,	
			complete IVa-i)				
	r completes IVa-f a	mu Voeraioi					
IV. ASBESTOS (Generator	completes IVa-f a	ing Obelatol		Jame and Ad	dress.	2.15" 2.244	
IV. ASBESTOS (Generator a. Operator's Name and Address:	completes IVa-f a	agu Operator	c. Responsible Agency N	Name and Add	dress:	JU1.77	
IV. ASBESTOS (Generator	r completes IVa-f a	agu Operator		Name and Add	dress:	x5473)
IV. ASBESTOS (Generator a. Operator's Name and Address:	r completes IVa-f a	agu Operator	c. Responsible Agency N	Name and Add	dress:	15473)
IV. ASBESTOS (Generator a. Operator's Name and Address:	r completes IVa-f a	agu Operatol	c. Responsible Agency N	Name and Add	dress:	x4473) and the second
IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable		agu Operator	c. Responsible Agency Not Applicable	Name and Ad	dress:	×473) and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone:			c. Responsible Agency Not Applicable	Name and Add	dress:	X5473) and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
IV. ASBESTOS (Generator a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add	itional Information:	A ACC LINE TO COMPANY AND AND AND AND AND AND AND AND AND AND	c. Responsible Agency Not Applicable d. Phone:	Name and Add	dress:	X5473) and the second
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f Friable Non-Friable Bot	itional Information:	O Company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the comp	c. Responsible Agency Not Applicable d. Phone: % Non-Friable	ARC	(h) (h) (s		
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bot	itional Information: h % Friabl	e of this cons	c. Responsible Agency Not Applicable d. Phone: % Non-Friable signment are fully and acc	ALC CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	ibed abov	e by proper ship	ping name
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and I	itional Information: h % Friabl	e of this cons	c. Responsible Agency Not Applicable d. Phone: % Non-Friable signment are fully and acc	ALC CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	ibed abov	e by proper ship	ping name
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bot	itional Information: h % Friabl	e of this cons	c. Responsible Agency Not Applicable d. Phone: % Non-Friable signment are fully and acc	ALC CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	ibed abov	e by proper ship	ping name
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and I	itional Information: h % Friabl	e of this cons	c. Responsible Agency Not Applicable d. Phone: % Non-Friable signment are fully and acc	ALC CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	ibed abov	e by proper ship	ping name
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. ☐ Friable ☐ Non-Friable ☐ Bot OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and I national governmental regulations.	itional Information: h % Friabl by declare that the contabeled and are in all re	e ents of this cons spects in prope	c. Responsible Agency Not Applicable d. Phone: % Non-Friable signment are fully and acc	ALC CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	ibed abov	e by proper ship	ping name
a. Operator's Name and Address: Not Applicable b. Phone: e. Special Handling Instructions and Add f. Friable Non-Friable Bot OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and I	itional Information: h	e ents of this cons spects in prope	c. Responsible Agency Not Applicable d. Phone: % Non-Friable signment are fully and accordition for transport by	curately descr y highway acc	ibed above cording to	e by proper ship applicable interr	ping name national and



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

I. GENERATOR (Generation	or completes ra-r)					
a. Generator's US EPA ID Number ILR 000 177 592 (state of Illin		Manifest Document Number NH - 25		c. Page	1 of 1	
d. Generator's Name and Location:		e. Generator's Mailing Ad	ddress:			
USEPA Region 5		Environtemental Restora	ation			
947 West Cullerton St		1666 Fabick Dr				
Chicago IL 60608		Fenton MO 63026 g. Phone:636-227-7477				
f. Phone:312-353-9351 If owner of the generating facility differs fr	om the generator, prov	· · · · · · · · · · · · · · · · · · ·				
If owner of the generating facility differs in	on the generator, pro-					
h. Owner's Name:	-	i, Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Shipping Name and	m. Con		n. Total	o. Unit
		Description	No.	Type	Quantity	Wt/Vol
47181312520	2/1/14	non hazardous, treated soil				
				~~	- i J	1,1.3
			061	OT	018	IYZ
						L .
						1
CENEDATORIC CERTIFICATION, I have				1 hv. 40 Cl	D 361 a- any a-	
		ve named material is not a hazardous was and is in proper condition for transportati				
		s waste subject to the Land Disposal Rest				
		8 and is no longer a hazardous waste as o				vasto nas
E t	TOTAL OF TO GITTE	3	dominod by 10	:	1 .~	
There tratton		Const House		- 96/2	7/15	
p. Generator Authorized Agent Name (Pr	int) G. Sit	inature		r Dáte	ř	
		a-b and Transporter completes lic	c-e)			
a. Transporter's Name and Address:		<u> </u>	 			
Z-Force Transportation		NB 453			ı	
700 East Joe Orr Road					•	
Chicago Heights, IL					\	
	•				X.	·
		75				
b. Phone: (708) 758-5868			* (***)			
Motor L Trimuel	11/7		1 81	2711	3	
	d. Signatur		e. Date			
c. Driver Name (Print)		*				
	,	and Destination Site completes I			, ,, <u>}</u>	
a. Disposal Facility and Site Address:		d. US EPA Number d. Discrepancy Indi	lication Space	∌: ,	A : ML	
Newton County Landfill		56-05 NA		1	(ALLX	
2266 E. 500 South				American		
Brook, IN 47922 b. Phone: 219.394.7222 or 7221				1	3	
I herby certify that the above named mate	erial has been accente	d and to the best of my knowledge the fore	eaoina is true	and acc	ırate.	***
cording and above trained frida			3		1 more / / 1 5	
				317		de-
e. Name of Authorized Agent (Print)	f. Signature		g. Date			
	· · · · · · · · · · · · · · · · · · ·	nd Operator complete (Vg-i)				
a. Operator's Name and Address:		c. Responsible Agency N	Jame and Add	drees.		
Not Applicable		Not Applicable	turre and Ad	a. 000.		
1 1400 / ppingasio		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				
		18-64 (E)				
b. Phone:		d. Phone:				
e. Special Handling Instructions and Add	itional Information:					
		V1.100				
		0/ 2/ = : 11				
f. Friable Non-Friable Bot	h % Friab	e % Non-Friable	urošobi das	ibod aba	o by proper abi-	nina nama
OPERATOR'S CERTIFICATION: I hereb	y declare that the cont	ents of this consignment are fully and accu	uratery descr	iped abov	e ny biober sulb	hing trame
I and are discritical backed marked and b		spects in proper condition for transport by	mgnway acc	withing to	applicable litteri	aliviiai allu
	apeled and are in all re	15				
national governmental regulations.	abeled and are in air re	**************************************				• • •
	abeled and are in air re	100 T		•		
national governmental regulations.		8	i. Date			
national governmental regulations. g. Operator's Name and Title (Print)	h. Signatu	e controls, or supervises the facility being d		renovate	d, or the demolit	ion or



renovation operation or both

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la-r)						
a. Generator's US EPA ID Number ILR 000 177 592 (state of Illir		Manifest Docum	nent Number, NH - 12/7		c. Page	1 of 1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351			e. Generator's Mailing A Environtemental Restora 1666 Fabick Dr Fenton MO 63026 g. Phone:636-227-7477		1		
If owner of the generating facility differs fr	om the generator, prov	ride:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	Waste Ship Description	ping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14		s, treated soil	140.	1,900	Quantity	1 445 401
				061	OT	018	493
				Đ			
ii ii			н				
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packaged ly restricted hazardou	, and is in prope waste subject	er condition for transportat to the Land Disposal Rest	ion according rictions. I ce	g to applic ertify and w	able regulations; varrant that the w	AND if this
HAR HONO	m 1	Long	Telus				
p. Generator Authorized Agent Name (Pri		nature	r. Date				
II. TRANSPORTER (Gene	rator completes II	a-b and Trar	sporter completes lic	c-e)			
Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL				1	CFS	/	5 2
b. Phone: (708) 758-5868		a.		-			
J Joseph Woode	Journal (11	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	S.	127/1	~~~	
c. Driver Name (Print)	d. Signature			e. Date			
III. DESTINATION (General	tor complete IIJá-c	and Destina	tion Site completes I	lld-g)		1	
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221		: US EPA Num 56-05	NA			NY	
I herby certify that the above named mate	rial has been accepted	and to the bes	t of my knowledge the fore	egoing is true	and accu	rate.	
					8/2	7/13	
e. Name of Authorized Agent (Print)	f. Signature			g. Date	-10	412	
IV. ASBESTOS (Generator	completes IVa-f a	nd Operator	complete IVg-i)				
a. Operator's Name and Address: Not Applicable			c. Responsible Agency Not Applicable	ame and Ad	dress:		
b. Phone:		NO.	d. Phone:				
e. Special Handling Instructions and Addit	ional Information:		2.1 1010.				
f. Friable Non-Friable Both	% Friable		% Non-Friable			OFFICE CONTRACTOR	
OPERATOR'S CERTIFICATION: I hereby and are classified, packed, marked and la national governmental regulations.							
		Y					
g. Operator's Name and Title (Print)	h. Signature			i. Date			
***	and the second contract the	Santaria				I and the state of the second	100000000000000000000000000000000000000



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la-	r)	and and and and and and and and and and						
a. Generator's US EPA ID Number ILR 000 177 592 (state of Illin		b. Manifest Docum	nent Number. NH -	28		c. Page	l of 1		
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL. 60608			e. Generator's Mailing Address: Environtemental Restoration 1666 Fabick Dr Fenton MO 63026						
f. Phone:312-353-9351 If owner of the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generating facility differs from the generatin	om the generator, p	rovide:	g. Phone:636	227-7477					
If Owner of the generating facility differs in	om me generator, p	.01100.							
h. Owner's Name: i. Waste Profile #	k. Exp. Date	/ Waste Shin	i. Owner's Phy ping Name and	one No.:	m. Con	tainers	n. Total	o. Unit	
j. Waste Frome #		Description	7.5		No.	Туре	Quantity	Wt/Vol	
47181312520	2/1/14	non hazardou	ıs, treated soil						
					061	OT	018	423	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	lassified and package ly restricted hazard	ged, and is in propous ous waste subject	er condition for to the Land Dis	ransportatio posal Restri	n accordin xtions. I ce	g to applic ertify and w	able regulations: varrant that the v	AND, if this	
	Ter	- I Washington	AL	and the same		36	F7/13		
p. Generator Authorized Agent Name (Pri	int) 🧠 🛶	Signature	1			r. Date			
II. TRANSPORTER (Gene	erator completes			pletes IIc-	e)				
a. Transporter's Name and Address: Z-Force Transportation 700 East Joe Orr Road Chicago Heights, IL		A64	133				;		
Omoago Holgita, IE									
b. Phone: (708) 758-5868						ϵ			
X Motor l Tarmel	$\times \nu$	7		8/27/13					
c. Driver Name (Print)	d. Signa	ture			e. Date	•			
III. DESTINATION (Genera	tor complete Illa	a-c and Destina	ation Site cor	npletes III	d-g)				
a. Disposal Facility and Site Address: Newton County Landfill		c. US EPA Nun 56-05		pancy Indic		£ 5	20		
2266 E. 500 South Brook, IN 47922			12.	1			D: 10		
b. Phone: 219.394.7222 or 7221				1					
I herby certify that the above named mate	erial has been accer	oted and to the bes	st of my knowled	ige the foreg	oing (s tru	e and accu	irate.		
						101	Lt)		
e. Name of Authorized Agent (Print)	f. Signat			<u> </u>	g. Date				
IV. ASBESTOS (Generator	completes IVa-	f and Operator		118					
a. Operator's Name and Address: Not Applicable			c. Responsible Not Applicable		me and Ad	idress:			
b. Phone:			d. Phone:	A Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comm					
e. Special Handling Instructions and Add	itional Information:								
f. Friable Non-Friable Bot			% Non-Friable						
OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and la national governmental regulations.	y declare that the co abeled and are in al	ontents of this con I respects in prope	signment are fu er condition for tr	lly and accur ansport by h	ately desc ighway ac	ribed abov cording to	e by proper ship applicable interr	ping name national and	
5 TH. (D1)	h. Signa	ture		3	i. Date				
g. Operator's Name and Title (Print)									



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)										
a. Generator's US EPA ID Number b. Manifest Docu ILR 000 177 592 (state of Illinois)			ent Number, NH -	c. Page 1 of						
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608		I	e. Generator's Mailing Address: Environtemental Restoration 1666 Fabick Dr Fenton MO 63026							
f. Phone:312-353-9351			g. Phone:636							
If owner of the generating facility differs fr	om the generator,	provide:	Ŷ.							
h. Owner's Name:			i. Owner's Ph				***			
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and		m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
47181312520	2/1/14		s, treated soil		140.	1,500	- Gaunny	342401		
			72		061	OT	012	3 473		
			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pack sly restricted haza	aged, and is in prope rdous waste subject	er condition for to the Land Dis	transportatio posal Restri	n accordin	g to applic ertify and w	able regulation	ons: AND, if this		
Andrew Comments of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of th		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Pro I			1				
p. Generator Authorized Agent Name (Pr	int) c	. Signature	- Direction	nie		ি r. Date	-(4)			
II. TRANSPORTER (Gene			sporter con	pletes IIc-	e)					
a. Transporter's Name and Address:	1					1				
Z-Force Transportation 700 East Joe Orr Road						M/C	Bart			
Chicago Heights, IL							グラレハ			
			200					`		
b. Phone: (708) 758-5868		44			,					
Best Ma War Ve-		Mr. Land	CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE		8	/27//	7			
c. Driver Name (Print)	d. Sign	ature	Î		e. Date	* * / /	<i></i>			
III. DESTINATION (Genera	tor complete II	<i>f</i>		npletes III	d-g)					
a. Disposal Facility and Site Address: Newton County Landfill		7 c. US EPA Num 56-05	ber d. Discr NA	epancy Indica	ation Spac	e:				
2266 E. 500 South		30-03	INC.	4		_ (1	2 C		
Brook, IN 47922 b. Phone: 219.394.7222 or 7221			Š	1		- d	10	20		
I herby certify that the above named mate	rial has been acco	epted and to the bes	t of my knowled	ge the foreg	oing is true	and accu	rate.			
			ĺ	V		XIO	7/1-	~~		
e. Name of Authorized Agent (Print)	f. Signa	ature	1	\\	g. Date)(-	<u> (u </u>	-)		
IV. ASBESTOS (Generator			complete IV	(q-i)		······································				
a. Operator's Name and Address: Not Applicable	· · · · · · · · · · · · · · · · · · ·	•	c. Responsible Not Applicable	Agency Nar	ne and Ad	dress:				
								,		
b. Phone: e. Special Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instruction Handling Instr	tional Information		d. Phone:			·		*******		
f. Friable Non-Friable Bott OPERATOR'S CERTIFICATION: I hereby		riable	% Non-Friable		atab	ناجاج اموطن	- h			
and are classified, packed, marked and la national governmental regulations.	beled and are in a	all respects in proper	condition for tr	ansport by h	atery descr ighway acc	cording to	applicable int	ernational and		
g. Operator's Name and Title (Print)	h. Sign				i. Date					
*Opporator refere to the company which ou	une laneae anara	tee controle or our	anticoe the feet	lity boing dos	ح المصطمئات	* ***	d arthad:	- 1343		



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes I	a-r)							
a. Generator's US EPA ID Number				h _		c. Page	1 of		
ILR 000 177 592 (state of Illin	70IS)	<u> </u>	NH - [1		
d. Generator's Name and Location: USEPA Region 5			e. Generator	s Mailing A	ddress:				
947 West Cullerton St			Environtemental Restoration 1666 Fabick Dr						
Chicago IL 60608			Fenton MO 63026						
f. Phone:312-353-9351 If owner of the generating facility differs fr	om the generator	provido:	g. Phone:63	-227-7477					
wowner or the generating facility differs in	on the generator,	, provide:	•						
h. Owner's Name:			i. Owner's Pl	one No.:					
j. Waste Profile #	k. Exp. Date		ping Name and	4	m. Cor	tainers	n. Total	o. Unit	
47181312520	200	Description			No.	Туре	Quantity	Wt/Vol	
47101312520	2/1/14	non hazardol	is, treated soil						
				100 miles		.~~	212	1 (1.3	
					001	DT	018	Yar	
								- E	
				1					
GENERATOR'S CERTIFICATION: Labora	by cortific that the	shove named as at-	-5-15 (5	3					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clauses is a treatment residue of a province.	assified and nack	above named mate aned, and is in propa	rial is not a haz	ardous was	e as define	d by 40 Cl	FR 261 or any ap	plicable	
Learning in a meaning in residing of a DIGAIONS	iv resulcted naza:	uous waste subject.	fo-tbe Land De	anneal Daetr	iotione Loc	براسم مكناء		AND, if this	
been treated in accordance with the require	rements of 40 CFI	R 268 and is no long	er a hazardous	waste as d	efined by 40	CFR 261	ranam that the w	aste nas	
[Commence of the same of the same			,	matri.			
	- A	Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan	and the same			<u> </u>	d-) 13		
p. Generator Authorized Agent Name (Printle II. TRANSPORTER (Gene		. Signature		1		r. Date	age allowed		
	rator complete	es lia-b and Tran	sporter com	pletes IIc	-e)				
Transporter's Name and Address: Z-Force Transportation					/	1	175		
700 East Joe Orr Road						1 65	no.		
Chicago Heights, IL						الكيال	12		
			1		1-	UI			
b. Phone: (708) 758-5868		/				<u> </u>			
0. Papile. (706) 736-3666 /	1.5:		<i>[[</i>						
MIKL 16h	\ \ \ \	1//////////////////////////////////////				7/2	7/12		
c. Driver Name (Print)	. d. Sigr	ature //	<u> </u>		e. Date	7/20	1/		
III. DESTINATION (Generate			tion Site cor	nolotoo III	d al	 -			
a. Disposal Facility and Site Address:	or complete in	c. US EPA Num							
Newton County Landfill		56-05	Der a. Discre	pancy Indic	ation Space		_		
2266 E. 500 South		00 00	137			16		ì	
Brook, IN 47922		•				1	\rightarrow \sim	1	
b. Phone: 219.394.7222 or 7221	in has been	-1-1 11 11 1		1				/	
I herby certify that the above named mater	lai nas been acce	pred and to the best	of my knowled	ge the foreg	oing is true	and accur	ate.		
						>	1/-		
e. Name of Authorized Agent (Print)	f. Signa	ture			g. Date	17/	<i>ــــــــــــــــــــــــــــــــــــ</i>		
IV. ASBESTOS (Generator			complete IV		g. Duto		<u>-</u>		
a. Operator's Name and Address:				X .	1.6.1.5				
Not Applicable			c. Responsible Not Applicable	Agency Nai	ne and Add	ress;			
			. 1017 (0)011000010						
h Dhann									
b. Phone:e. Special Handling Instructions and Addition	anai Info-matic		d. Phone:	1	·				
C. Special Flanding metructions and Addition	onai mioniiaiion:								
f. 🗌 Friable 🔲 Non-Friable 🔲 Both	% Fri	able	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this consider	noment are full	w and accur	ately describ	ed above	by proper shippi	no name	
and are classified, packed, marked and lab	eled and are in al	l respects in proper	condition for tra	ansport by hi	ghway acco	ording to a	pplicable internal	tional and	
national governmental regulations.						<u>. </u>			
				N. C. C. C. C. C. C. C. C. C. C. C. C. C.					
g. Operator's Name and Title (Print)	h. Signa	fure			i Dete				
*Operator refers to the company which owr	ns, leases, operate	es, controls, or supe	rvises the facili	ty being den	i. Date	'Anouata-	or the day 122		
renovation operation or both		, or oupo	voo are rabili	A new A real	IONOLICE OF I	CHOVALEG.	, or the demolition	n or	



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Genera	itor complete	s la-r)		64 134 115				
a. Generator's US EPA ID Number ILR 000 177 592	· · · · · · · · · · · · · · · · · · ·		fanifest Docum	ent Number NH - 36		c. Page	1 of1	
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608 f. Phone:312-353-9351				e. Generator's Mailin USEPA Region 5 77 West Jackson Blv Chicago, Illinois 6060 g. Phone:312 353-93	rd SE-5J D4			
If owner of the generating facility differs	from the genera	itor, provi	de:	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA				
h. Owner's Name:				i. Owner's Phone No				
j. Waste Profile #	k. Exp. Date		I. Waste Ship Description	ping Name and	m. Co No.	ntainers Type	n. Total Quantity	o. Unit Wt/Vol
47181312520	2/1/14		non hazardou	s, treated soil	001	DT	18	Yards
GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste is a treatment residue of a previous been treated in accordance with the recommendation.	classified and pusly restricted h	ackaged, azardous	, and is in prop waste subject	er condition for transpo to the Land Disposal F	ortation accordi Restrictions. To	ng to applic certify and	cable regulation warrant that the	s; AND, if this
Mr. STEVE Faryan			- Ruo	e tou		18/5	12013	
p. Generator Authorized Agent Name (q. Sign			_ 11 \	r. Date	<u> </u>	
II. TRANSPORTER (Ge	nerator comp	letes II	a-b and I rai	isporter completes	s IIC-e)			
a. Transporter's Name and Address: Z Force Transportation, Inc.							110	
700 E. Joe Orr Road Chicago Heights, IL 60411						2	40	
b. Phone: 630 243-8860				2				
TYCONE Garce	HX	Yes	24	anetto		5-1:	3	
c Driver Name (Print)		S ignature		ation Cito dominate	e. Date			
III. DESTINATION (Gene	rator complet		,	4.5				
a. Disposal Facility and Site Address: Newton County Landfill 2266 E. 500 South Brook, IN 47922 b. Phone: 219.394.7222 or 7221			2. US EPA Nun	nber d. Discrepancy	Indication Spa	ice: _/	19:9	14
I herby certify that the above named ma	aterial has been	accepted	i and to the be	st of my knowledge the	foregoing is tr	ue and acc	urate/)	
						X/S	5 / / J	
e. Name of Authorized Agent (Print)	f. 5	Signature		$\overline{}$	g. Date	-	11-	
IV. ASBESTOS (Generat				complete (Vg-i)	1 3:			
a. Operator's Name and Address: Not Applicable			•	c. Responsible Agen Not Applicable	cy Name and A	\ddress:		
				• • • • • • • • • • • • • • • • • • •				
b. Phone:		tian.		d. Phone:				
e. Special Handling Instructions and A	onionai inionna	ition.		en en en en en en en en en en en en en e				
	oth	% Friable		% Non-Friable				·
OPERATOR'S CERTIFICATION: I her and are classified, packed, marked and national governmental regulations.	eby declare that d labeled and are	the conte e in all res	ents of this con spects in prope	signment are fully and or condition for transpo	accurately des	cribed about	ve by proper sho applicable inte	ipping name mational and
g. Operator's Name and Title (Print)	h.	Signature	e	98	i. Date			24
*Operator refers to the company which renovation operation or both	owns, leases, o	perates,	controls, or su	pervises the facility bei	ng demolished	or renovat	ed, or the demo	lition or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)	À						
a. Generator's US EPA ID Number ILR 000 177 592		b. Manifest Docum	nent Number NH - スコ		c. Page				
d. Generator's Name and Location: USEPA Region 5 947 West Cullerton St Chicago IL 60608		e. Generator's Mailing Address: USEPA Region 5 77 West Jackson Blvd SE-5J Chicago, Illinois 60604							
f. Phone:312-353-9351			g. Phone:312 353-9351						
If owner of the generating facility differs fro	om the generator,	provide:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
h. Owner's Name:		•	i. Owner's Phone No	· ·					
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	n. Total	o. Unit				
		Description	, 0	No.	ntainers Type	Quantity	Wt∕Vol		
47181312520	2/1/14	non hazardou	ıs, treated soil						
				001	DT	18	Yards		
					-				
					1				
	ĺ								
			114, 115, 20,						
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous	waste as defin	ed by 40 C	FR 261 or any	applicable		
state law, has been properly described, cl	lassified and pack	aged, and is in prope	er condition for transpo	ortation accordi	ng to applie	cable regulation	s: AND if this		
waste is a treatment residue of a previous	sly restricted haza	rdous waste subject	to the Land Disposal I	Restrictions. Lo	certify and	warrant that the	waste has		
been treated in accordance with the requi	rements of 40 CF	R 268 and is no long	jer a hazardoùs waste	as defined by	40 CFR 26	1.			
Mr. STEVE Farian	:"	Van.	4		12/	1-12			
p. Generator Authorized Agent Name (Pri		Signature	1000		2/5	12013			
				- 11 >	r. Date				
II. TRANSPORTER (Gene	rator complete	es lia-b and Trai	isporter complete	s lic-e)					
a. Transporter's Name and Address: Z Force Transportation, Inc.			\$ T			, may			
700 E. Joe Orr Road			12 12 12		一 出/	114			
Chicago Heights, IL 60411		1/ .	*	t	(06			
		/// /_	5. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 19. N 10. N 10. N 10. N 10. N 10. N 10. N 10. N 10. N 10. N 10. N 1	_					
b. Phone: 630 243-8860		//-//					·····		
Michael C. BiBER	21/ 1///	ker /		Ź	1/0/2-	17			
c. Driver Name (Print)	d. Sign	oturo -		e. Daté	/5/20	(1)			
					<u> </u>		-		
III. DESTINATION (General	tor complete II		98.1	<u> </u>					
a. Disposal Facility and Site Address:		c. US EPA Num		Indication Spa	ce:				
Newton County Landfill 2266 E. 500 South		56-05	NA .	2/3 /	7				
Brook, IN 47922		1		14.	21				
b. Phone: 219.394.7222 or 7221	Ĭ			11/	/ I .				
I herby certify that the above named mate	rial has been acc	epted and to the bes	t of my knowledge the	foregoing is tr	ue and acc	urate.			
				\mathcal{I}	>	/			
a Name of Outhorized Aport (Drint)	£ C:==					,	· · · · · · · · · · · · · · · · · · ·		
e. Name of Authorized Agent (Print)	f. Sign			g. Date	·				
IV. ASBESTOS (Generator	completes (Va	a-i and Operator		·					
a. Operator's Name and Address:			c. Responsible Agend	cy Name and A	ddress:				
Not Applicable			Not Applicable						
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addit	tional Information:	,							
			514 .4(1 4)3.						
<u></u>			· · · · · · · · · · · · · · · · · · ·						
f. Friable Non-Friable Both		riable	% Non-Friable	······································					
OPERATOR'S CERTIFICATION: I hereby	y declare that the	contents of this cons	signment are fully and	accurately des	cribed abov	ve by proper sh	ipping name		
and are classified, packed, marked and la national governmental regulations.	meied and are in a	an respects in prope	condition for transpor	гыу гидпмау а	ocoraing to	applicable inte	mational and		
nasonal governmental regulations.									
			2000 - 1 2000 - 1 2000 - 1						
g. Operator's Name and Title (Print)	h. Sigr	nature	*	i. Date	·				
*Operator refers to the company which ov	vns, leases, opera	ates, controls, or sup	ervises the facility being		or renovate	ed, or the demo	lition or		
renovation operation or both									



If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la-r	r)	# A. A. A. A. A. A. A. A. A. A. A. A. A.						
a. Generator's US EPA ID Number ILR 000 177 592	ŀ	b. Manifest Docum	ment Number NH - 3	1112	c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailin	na Address:					
USEPA Region 5			USEPA Region 5	•					
947 West Cullerton St			77 West Jackson Blvd SE-5J						
Chicago IL 60608 f. Phone:312-353-9351			Chicago, Illinois 60604						
If owner of the generating facility differs from	om the generator, no	rovido:	g. Phone:312 353-93	351					
and the gordening teening amore in	Jili the generator, pr	oviue.							
h. Owner's Name:			i. Owner's Phone No	n •					
j. Waste Profile #	k. Exp. Date	I. Waste Ship	pping Name and	· · · · · · · · · · · · · · · · · · ·	ontainers	n. Total	o. Unit		
		Description		No.	Type	Quantity	Wt/Vol		
47181312520	2/1/14		us, treated soil		175~	Quantity	VVVV		
				001	DT	18	Yards		
						' ~	10103		
			Ž.				1		
•			***						
	1								
	 				 				
	1								
			<u> </u>			İ			
	1		[1] [7]						
GENERATOR'S CERTIFICATION: I here	by certify that the at	oove named mate	rial is not a hazardous	waste as defin	ad by 40 C	ED 264 or ppy	1:		
i state law, has been properly described. Cit	assitied and dackade	ied and is in prope	er condition for transpo	artation accordin	na ta annlia		A NUMBER OF ALL		
I waste is a regarisein residue of a previous	ov resincied nazardo	nus waste subject i	to the Land Diennesi D	Doctrictions 10	~~+i+		™aste has		
been treated in accordance with the requir	rements of 40 CFR 2	268 and is no long	jer a hazardous waste	as defined by 4	40 CFR 26	1.	Masic Has		
1 3 4	-	5		· · · · · · · · · · · · · · · · · · ·	1	,			
Mr. STEVE taryon		- Deven	Tour	<u></u>	18/5	12013			
p. Generator Authorized Agent Name (Prin		Signature	 0		r. Date	12			
II. TRANSPORTER (Gene	rator completes	Ila-b and Tran	sporter completes	-tlc-e					
a. Transporter's Name and Address:				<u> </u>					
Z Force Transportation, Inc.			Y FC	csno	- 0				
700 E. Joe Orr Road				173/17-	.75				
Chicago Heights, IL 60411			(👰)						
b. Phone: 630 243-8860			-	· ·					
D. Phytie, 630 243-6600		<i>i</i>	-/1 						
flames Bohl	*	مراح یا بنام	ストリ	8/5	1, 12	<u> </u>			
c. Driver Name (Print)	d. Signatu	ermin	<u> </u>	···	2013				
			<u> </u>	e. Date					
III. DESTINATION (Generat	or complete IIIa-								
a. Disposal Facility and Site Address:		c. US EPA Numb	ber d. Discrepancy I	Indication Space	ce:				
Newton County Landfill		56-05	NA #	1/) 1				
2266 E. 500 South Brook, IN 47922		1		110. 1	//) -				
b. Phone: 219.394.7222 or 7221	ĺ	1		/Qi /					
I herby certify that the above named mater	riol has been accent	tad and to the hoe	4 - 4 1 1 1						
Thomas county trial are assets married trials.	Idi nas been accepto	SO SHO TO THE DEST	. of my knowledge men	roregoing is the	and accu	ırate.			
	1			/ Æ	3	5</td <td></td>			
e. Name of Authorized Agent (Print)	f. Signatur	re		g. Date	7	3 /			
IV. ASBESTOS (Generator			complete Ma i)	1 9, 500					
a. Operator's Name and Address:	JOHI PICTO 144 1								
Not Applicable] '	c. Responsible Agency	y Name and Ad	idress:				
Not Applicable			Not Applicable						
			\$ 4						
b. Phone:			d. Phone:						
e. Special Handling Instructions and Additi	ional Information:	L	d. Frione.						
	01101 111101111111111111111111111111111		44 26 v						
			ंडे १९५						
f. Friable Non-Friable Both		ole	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the con	ntents of this consid	conment are fully and a	ccurately descr	ribed above	hv proper shir	nina name		
and are classified, packed, marked and fat	beled and are in all re	espects in proper	condition for transport	by highway ac	cording to	applicable inter	pational and		
national governmental regulations.							Tanonai a.,		
			63						
0 (2.41(1791-(0-1-1)			\$			<u></u> -			
g. Operator's Name and Title (Print)	h. Signatur	<u>/re</u>	18 · 18 · 18 · 18 · 18 · 18 · 18 · 18 ·	i. Date					
*Operator refers to the company which own renovation operation or both	ns, leases, operates,	, controls, or supe	invises the facility being	demolished or و	r renovated	I, or the demoli	tion or		